D000097728

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	

Special Instructions to Filing Officer:

L. SELLERS

FEB - 2 2011

EXAMINER

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SECREPAY FORMED IN A LONG OF THE SECREPAY FOR THE SECREPA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Global Capital, LC	
	ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	-
Please return all correspondence concerning this matter to	o the following:
David Johnson	
(Ne	ame of Person)
(D)	rm/Company)
	THE Company)
3984 S Rosebud CT SE	(Address)
Grand Rapids, MI 49512	<u>!</u>
	tate and Zip Code)
For further information concerning this matter, please ca	n:
David Johnson	at (727) 858-7800
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILÍNG ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
10
d liability company's dissolution pursuant to section ver letter).
company do hereby provide their
solution of the company.
nited liability company have been paid or discharged.
ed among its members in accordance with their respective
any in any court. tisfaction of any judgment, order or decree which may be
nembership interests necessary to approve the dissolution:
Printed Name
David Johnson
10° 1 ° O 10° 10°

FILING FEE: \$25.00