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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY 101 -6 Fill 12: 52

Michael W. Simon	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for _	lobal Initiatives, LLC	•
Registered Agent for _		
	Name of Limited Liability Company	·
L07000063607		
Document N	fumber, if known	
A copy of this resignati	ion was mailed to the above listed limited liability company at its last known	address.
	ed and the office discontinued on the 31st day after the date on which this sta	
The agency is terminal	ed and the office discondition of the 31st day area on whose and suc	
,	MS	
	Signature of Resigning Agent	İ
If signing on behalf of	an entity:	
	Typed or Printed Name	į
		ļ
	Capacity	
		!
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company	
	Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
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