L08000008749

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to mining Officer.					





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OB SEP 13 PM 1: 30
SECRETARY OF STATE
TALLAHASSEF ET OBINA

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registra Division	tion Section of Corporations			
SUBJECT:	GLOBAL	ViuAGE e of Limited Liability Con	Capital,	uc
The enclosed m filing.	ember, managing me	mber or manager resig	gnation and fee(s) are	e submitted for
	Contact Person)	_	_	
	(Firm/Company)	0 0	_	
Corn	(Address) (Address) C Springs (City/State and Zip Coo	, FL 330). - 76	
PETER	APRELLIKE of Contact Person)	at (Sol		e Number)
	find a check made pa \$25 Filing Fee		Department of State 1 \$55 Filing Fee & Certified Copy	for:
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company a	as it appears on the rec	ords of the Florida Department
	ility company was organiza	ed under the laws of:	
	ment/registration number 83337	of this limited liability	company is:
4. I, PETER Print No.	APPLEILIAN ame of Person Resigning)	, hereby resign	as a Vice President (Print Title)
resignation in wri			mpany has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	· ·	08 SECTIALL

CR2E079 (5/06)