

L08000065426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

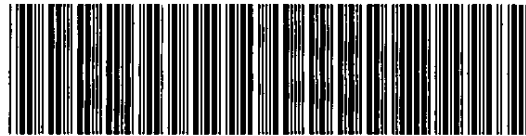
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000184836440

09/03/10--01007--008 **85.00

FILED
2010 SEP -3 A 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Design
Tlewis
9-8-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Global Software Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000065426

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arnie Pittler
Name of Person

GLOBAL SOFTWARE GROUP LLC
Name of Firm/Company

2100 MARINER DR
Address

FORT LAUDERDALE FL 33316 US
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnie Pittler at ()
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jacques Meekel, hereby resigns as
Name of Registered Agent

Registered Agent for Global Software Group LLC

Name of Limited Liability Company

L08000065426
Document Number, if known

FILED
2000 SEP - 3 A 8:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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