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| (Re | equestor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|---------------------|---|
| | GLOBALITY LLC | | |
| SUB | JECT: | imited Liability Co | ompany) |
| The e | enclosed member, resignation or disso | ciation and fee(| s) are submitted for filing. |
| Pleas | e return all correspondence concernin | g this matter to | : |
| JOHI | N E EGUSQUIZA | | |
| | (Contact Person) | | _ |
| EGU | SQUIZA LAW P.A. | | |
| | (Firm/Company) | | |
| 9960 | SW 40TH STREET | | |
| | (Address) | | |
| MIAN | MI, FLORIDA 33165 | | |
| | (City/State and Zip Code) | | |
| For fu | arther information concerning this ma | itter, please call | : |
| JOHI | N EGUSQUIZA | 305 | 223-8744 e & Daytime Telephone Number) |
| | (Name of Contact Person) | (Area Cod | e & Daytime Telephone Number) |
| | osed please find a check made payable 5 Filing Fee | | |
| | EET/COURIER ADDRESS: | | MAILING ADDRESS: |
| _ | stration Section ion of Corporations | | Registration Section Division of Corporations |
| | on Building | | P.O. Box 6327 |
| 2661 | Executive Center Circle hassee, Florida 32301 | | Tallahassee, Florida 32314 |

CR2E079 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the of State is: | | it appears on the records of the Florida Department | |
|---|--|---|--|
| 2. The Florida doc L0800010747 | _ | signed to this limited liability company is: | |
| 3. The date this mo | mber/manager withdrew/resi | gned or will withdraw/resign is: | |
| 4. 1. FELIPE MUSALEM (Print Name of Person Resigning) | | | |
| MANAGER | | | |
| | (Print Title) | | |
| resignation in wr | iting. | limited liability company has been notified of my | |
| | ssociating Member or Resign | Notary Public 7 State of Florida Commission = GG 301887 My Comm. Expires Apr 21, 2023 | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | Bonded through Mafional Notary Assn. | |