## L09000002313

1	(Requestor's Name)	
	(Address)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	
PICK-UP	wait [	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Sta	tus
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	ATM-Glob	oal Group L.L.C.		
			ted Liability Company		
		mendment and fee(s) are sub lence concerning this matter	-	12 JM 29 PM 9: 18	
	•	Donald Wagner			
<del></del>			Name of Person		
		A	ΓM-Global Group LLC		
			Firm/Company		
			685 17th Ave S		
			Address		
	Naples FI 34102				
			City/State and Zip Code		
		E-mail address: (t	agsnaples@aol.com o be used for future annual repor	notification)	
For furt	her information con	cerning this matter, please c	all:		
<del></del>	Dona Name of F	ald Wagner erson	at (at (239_)Area Code & D	821-3225 aytime Telephone Number	
Enclose	ed is a check for the	following amount:			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS:	STREET/CO Registration S	DURIER ADDRESS: Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

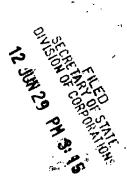
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327







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

	limited liability company as		f the Florida Department
of State is:	M-Global Group L.L.C	' •	•
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc	ument/registration number of 2313	this limited liability compa	any is:
4. I, Jolene Mu	ınzenrieder	, hereby resign as a N	1GMR
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of my
ole	ue Mursen	riedon	
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		