

L09000025392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

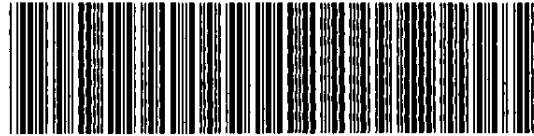
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800162746338

FILED
09 NOV 12 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/12/09--01032--002 **25.00

S. HAWKES
NOV 13 2009
EXAMINER

S. HAWKES

NOV 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBALBIZ TAX & BUSINESS CONSULTING LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NESTOR L. GUILLEN

(Contact Person)

GLOBALBIZ TAX & BUSINESS CONSULTING LLC

(Firm/Company)

10544 NW 26TH STREET, SUITE E-204

(Address)

MIAMI, FLORIDA 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

NESTOR L. GUILLEN

(Name of Contact Person)

at (305) 831-4093

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

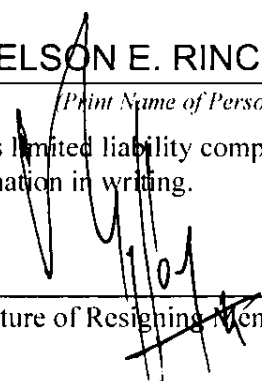
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: GLOBALBIZ TAX & BUSINESS CONSULTING LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L09000025392

4. I, NELSON E. RINCON, hereby resign as a VICE OPERATING MANAGER MEMBER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
09 NOV 13 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA