## 110000013711

(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:
Please mai:
out.





000255013960

12/27/13--01005--025 \*\*110.00

MADEC 27 IN C. 3

14 JAN -2 PH 3: 11
SECHE INN 1975 IAIE
TALLAHASSEE STORIE

## **COVER LETTER**

Division of Corporations
SUBJECT: THE GLOBFIL LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
TRHET ECKLES (Contact Person)
THE GLOBAL LLC (Firm/Company)
13337 FALCON PT DR (Address)
ORLANDO FZ 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
TRIKEV ECKLES at (407) 247-481/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\frac{1}{2}\$\$ \$\frac
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	mited liability compar	ny as it a	ppears on th	e records of	the Florida De	partme	ent
of State is:	NE GLOB	174	210		<del> </del>		_•
2. The Florida docum	ent/registration numb	er of thi	s limited lial	bility compa	any is:		
3. The date this mem	ber withdrew or will v	withdrav	v is:	-1-20	13	<u>.</u>	_
4. I, JAHET (Print Nam	EKLES ne of Person Resigning)	· · · · · · · · · · · · · · · · · · ·	, hereby re	sign as ae	WHER/p (Print Title)	1EM	Ber
of this limited liabil resignation in writing	ity company and affir ng.	m the li	mited liabilit	ty company	has been notific	ed of n	ny
The					G As		
Signature of Resi	gning or Dissociating	Manag	er, Member		ECAP ELAP	4.38	1
					ASS	-5	ម ១៩៤ ភូ ភូពិស
Filing Fee:	\$25.00 (Required)						***************************************
Certified Copy:	\$30.00 (Optional)				FLOS	ت: بن	i reman Lugged
					RIDA		10275

CR2E079 (12/13)