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SEP - 9 2010

EXAMINER

2010 SEP -8 AM 10 50
SECRETARY OF STATE
AND ASSET FOR ORDINA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GLOBAL CLOSSINGS (Name of Limited Liabili	LUC ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
GINA STAUROPOULDS (Contact Person)	
Clobal Crossings LLC (Firm/Company)	
175 VIA Cardado Way	
POLM Beach GALNEUS, FO	1 33414
For further information concerning this matter, please	call:
(Name of Contact Person) at (56)	1 627 - 8333 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	\$55 Filing Fee & ZS ZZ
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 3231

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap		of the Florida De	partment	
2. This limited liabili	ty company was organized und	er the laws of:			
	nent/registration number of this	limited liability com	pany is:		
4. I, VERV (Print Nam	Stauro focto S ne of Person Resigning) lity company and affirm the lim	, hereby resign as a	Vict Ope Se (Print Title)	<u>ealic</u>	, Manager
of this limited liabil resignation in writing	lity company and affirm the lim	ited liability compan	y has been notifie	£l of my	
Ta					
Signature of Resign	ning Member, Managing Memb	er or Manager	TALLAHA	20M SEP	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SSEE, FLORII	-8 AM D 5	G