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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Global Asset Protection (	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Elizabeth Brandon-Brown	
(Contact Person)	,
(Firm/Company)	
1540 Cornerstone Blvd., Suite 200	
(Address)	
Daytona Beach, FL 32117	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Elizabeth Brandon-Brown at	386 ) 290-1239
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)



## 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 a of State is: Global Asset Protection Co	
2. This limited liability company was organized un Florida	der the laws of:
3. The Florida document/registration number of the L10000044369	is limited liability company is:
4. I, Elizabeth Summars (Print Name of Person Resigning)	_, hereby resign as a Manager and Member
of this limited liability company and affirm the li	mited liability company has been notified of my
Signature of Resigning Member, Managing Mem	nber or Manager
Filing Fee: \$25.00 (Required)	DS 22c

Filing Fee: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)