

L10000058249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

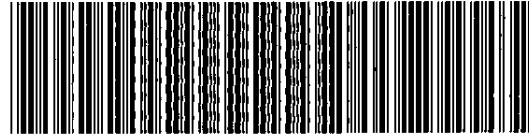
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200208705132

06/13/11 0000 001 \$425.00

FILED
11 JUN 13 PM 4:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 14 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Protection, 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:

Thomas Lopez
(Contact Person)

Global Protection, LLC
(Firm/Company)

4756 NW 14th St
(Address)

Coconut Creek, FL 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy Lopez at (954) 650-2152
(Name of Contact Person) (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

FILED
11 JUN 13 PM 4:12
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

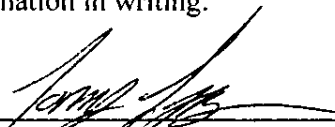
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Global Protection, LLC

2. This limited liability company was organized under the laws of:
Florida Limited Liability

3. The Florida document/registration number of this limited liability company is:
L10000058249

4. I, Thomas Lopez, hereby resign as a Manager
(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.

 6/8/11
Signature of Resigning Member, Managing Member or Manager

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

FILED
11 JUN 13 PM 4:12
DIVISION OF STATE
TALLAHASSEE, FLORIDA