

L100000083656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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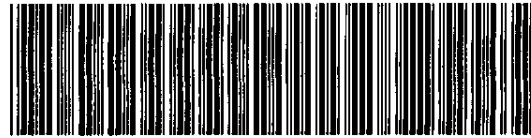
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 16 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANSGLOBALCASH, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000083656

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WM G. GAYLOR  
Name of Person

BILL & SHEILA GAYLOR INSURANCE PROF  
Name of Firm/Company

477 N HARBOR CITY BLVD  
Address

MELBOURNE, FL 32935  
City/State and Zip Code

*W G Gaylor*  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM G GAYLOR at ( 321 ) 259-5813  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
11 SEP 15 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BILL GAYLOR

Name of Registered Agent

, hereby resigns as

Registered Agent for

TRANSGLOBALCASH LLC

Name of Limited Liability Company

L10000083656

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

B. Gaylor

Signature of Resigning Agent

If signing on behalf of an entity:

BILL GAYLOR

Typed or Printed Name

Capacity

FILED  
11 SEP 15 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314