L12000088154

(Pa	augetore Nama				
(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phor	ne #)			
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	ime)			
(Do	cument Number	r)			
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Certified Copies	Certificate	es of Status			
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Special Instructions to	Filing Officer:	25,00			
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MAY 29 2015

COVER LETTÉR;

Division of Corporations				
SUBJECT: GLOBAL FERTILIZERS LLC				
Name of Limited Liabilit	y Company			
DOCUMENT NUMBER: L12000088154				
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fe	e are su	bmitt	ed
Please return all correspondence concerning this matter to	he following:			
Gina M. Corona				
Name of Person	_			
National Corporate Research, Ltd.				
Name of Firm/Company	_			
615 S. Dupont Hwy		,		
Address	_	•		
Dover, DE 19901	·	•	,	
City/State and Zip Code	<u>.</u>			
		ALL SEC	15	
E-mail address: (to be used for future annual report notification)	-		MAY 2	11
For further information concerning this matter, please call:			27	4
Gina M. Corona	621-3524	T) <u>:</u>		,
Name of Person at (Daytime Telephone Number	er -	ري: د	,
		<u> </u>	-	

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\$85.00 for an active limited liability company or \$25:00 for an administratively dissolved, voluntarily dissolved or withdrawn limited and the liability company.

MAILING ADDRESS:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 605.0115, Florida Statutes,	the undersigned,	
National Corporate Re	search, Ltd.	, hereby resigns as	
Nan	ne of Registered Agent	, , , , , , , , , , , , , , , , ,	
Registered Agent for			
GLOBAL FERTILIZER	SLLC		
	Name of Limited Liability Company	/	
L12000088154			
Document Number	, if known		
A copy of this resignation w	as mailed to the above listed limited	liability company at its last knowr	ı address.
The agency is terminated and	d the office discontinued on the 31st	day after the date on which this st	atement is filed.
	Signature of Resignin	ng Agent	
If signing on behalf of an en	tity:	•	¬
Flo	orence Spelzhausen		출음 문음 - 5
	Typed or Printed Name		
As	sistant Secretary		% 2
	Capacity		
g gert verde sam verde i herdig en verd i i hill verde english i	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/ voluntarily dissolved/ ed liability company	野治の 3 - March Aproba

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