## L12000089414

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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Ra Resignation



## Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone, 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 10/22/2014 FLORIDA

REP UNIT:

**GLOBAL GRAINS LLC** 

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 25468 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GL	OBAL GRAINS LLC
Name o	of Limited Liability Company
DOCUMENT NUMBER: L1200008	9414
The enclosed Resignation of Registered Affor filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	ng this matter to the following:
Rhonda Peirce Name of Person	
Capitol Corporate Services, Inc. (Re- Name of Firm/Company	gistered Agent Dept.)
800 Brazos, Ste 400 Address	<del></del>
Austin TX 78701  City/State and Zip Code	TALLAHASS
rpeirce@capitolservices.com  E-mail address: (to be used for future annual:	
For further information concerning this ma	atter, please call:
Rhonda Peirce Name of Person	at ( 800 ) 345-4647  Area Code Daytime Telephone Number
Enclosed is a check made payable to the Fliability company or \$25,00 for an adminis liability company.	lorida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 mmm3000, 1 L 32314	Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	on 605.0115, Florida Statutes, the undersigned,	
Capitol Corpor	rate Services, Inc. , hereby resign	is as
Name of R	egistered Agent	
Registered Agent for	GLOBAL GRAINS LLC	
	Name of the Limited Liability Company	
L120000894  Document Number, if kno		
·	iled 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 w	hich this statement is filed.
If signing on behalf of an entity:	Signiture of Resigning Agent	FIL 14 OUT 27 SECRETAN TALL AHASS
	Jason Fischer Typed or Printed Name	in the same of
	Assistant Secretary  Capacity	PH 2: 15

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

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