

L12000160222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

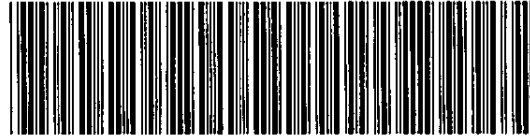
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MONTGOMERY, ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOND FIRST STEP GLOBAL ENTERPRISES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000160222

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:

Golden Crown Activities, Inc.

Name of Person

c/o Roberto A. De Araujo Lopez/Galindo, Arias & Lope

Name of Firm/Company

P.O. Box 0816-03356

Address

Panama, Republic of Panama

City/State and Zip Code

roberto@gala.com.pa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto A. De Araujo Lopez

Name of Person

at (

Area Code

011 507 303-0303

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

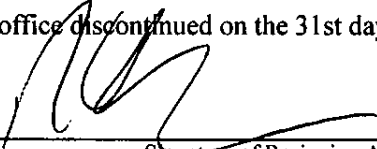
Raymond L. Robinson, Esq. _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
Bond First Step Global Enterprises LLC
Name of Limited Liability Company

L12000160222
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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2015 AUG -3 AM 10:27
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**