L13000017636

(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:			
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2023 AUG 25 FM 12: 1.0

08/25/23

COVER LETTER

Division of Corporations	
CS Global Networks LLC SUBJECT:	
(Name of Limited Liability	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to:
Reynaldo M Sales	
(Contact Person)	
CS Global Networks LLC	2023 AUG 25
(Firm/Company)	
640 Blanding Blvd	25
(Address)	
Orange Park, FL 32073	——————————————————————————————————————
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Reynaldo M. Sales 904	699-0759
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	ida Department of State for:
☐ \$25 Filing Fee ☐ \$55 F	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is: CS G	obal Networks LLC	
2. The Florida docu L13000017636	ument/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: August 18, 2023
4. I, Noberto Cruz, Jr		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Managing Partner	, COO	
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Clark	lut Ca	
Signature of D	ssociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	