## 11300116129

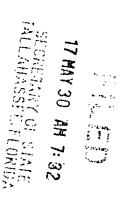
(Re	questor's Name)			
(Add	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## COVER LETTER

TO:		stration Section sion of Corporations				
SUBJ	ECT:	GLOBAL BTL NETWORK L				
		(Name of Limited Liability Company)				
The en	nclosec	l member, resignation or dissoci	ation and fee(s	e) are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
SER	/10 FE	ERNANDEZ				
		(Contact Person)		_		
GOB	AL BT	L NETWORK LLC				
		(Firm/Company)		_		
9675	NW 1	17th Ave, #405				
		(Address)		_		
MIAN	/I / FL	ORIDA / FL 33178				
	<del></del> <del></del> -	(City/State and 7 ip Code)		<del></del>		
For fu	ırther i	nformation concerning this mate	er, please call:			
SER	VIO FI	ERNANDEZ	786	395-8050		
	(1)	lame of Contact Person)		e & Daytime Telephone Number)		
	sed ple 5 Filin	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
		Section Corporations		Registration Section Division of Corporations		
	n Buil	-		P.O. Box 6327		
		tive Center Circle , Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)

Q



## 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)

	NETWORK LLC	
2. The Florida document/regis L13000116129	tration number assigned to this limit	ted liability company is:
3. The date this member/mana	ger withdrew/resigned or will withd	iraw/resign is:
4. I, OSCAR IBARRA (Print Name of Perso	n Resigning) , hereby with	draw/resign as a
MANAGER	a confe	
(Print Title)	·	24 V
- Opici	any and affirm the limited liability of	company has been notified of my
	Viciniber or Resigning Manager (Required)	ORANGE 22

Certified Copy:

\$30.00 (Optional)