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COVER LETTER

Division of Corporations
SUBJECT: GLOBAL CONSWITANCY GROUP LL (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CAROL ATKINSON (FORMERLY MARSH) (Contact Person)
GLOBAL CONSULTANCY GROUP LLC (Firm/Company)
4801 S. UNIVERSITY DRIVE # 126
DAVIE FLORIDA 33328 (City/State and Zip Code)
For further information concerning this matter, please call:
CAROL ATKINSON at (954) 773 5660 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

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

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 I	imited liability company	as it appears on the records of	the Florida Department
of State is:	LOBAL CON	SIMTANCY GRO	inf LLC.
2. The Florida docu	nent/registration number	assigned to this limited liabili	ty company is:
<u>L140</u>	000323	16	
4.1. CARO	nber/manager withdrew/re ATKINSON me of Person Resigning)	esigned or will withdraw/resig FORMERLY MARS hereby withdraw/resig	n is: <u>9/29/2</u> 017 s 41) gn as a
MANA	GER Prim Title)		
of this limited liab resignation in writ		the limited liability company l	nas been notified of my
Ce -	A		
Signature of Dis	sociating Member or Res	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		NOV 27 M SALIMAN STATE
			(Q