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COVER LETTER

Registration Section TO: Division of Corporations **GLOW NETWORK LLC** SUBJECT: (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: Christine P. Katziff (Contact Person) (Firm/Company) 10816 Congressional Club Drive (Address) Charlotte, NC 28277 (City/State and Zip Code) For further information concerning this matter, please call: Christine P. Katziff (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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)

	limited liability company as it appears on the records of the Florida Department W NETWORK LLC
2. The Florida doct	ment/registration number assigned to this limited liability company is:
4. I, Christine P. I	, hereby withdraw/resign as a
Manager	ame of Person Resigning) (Print Title)
	bility company and affirm the limited liability company has been notified of my
Signature of Di	ssociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)