

# L16000 016 091

\_\_\_\_\_  
(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:

Office Use Only



900331970719

07/26/16 11:11:32 AM

2016 JUL 26 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-11-16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

2019 JUL 26 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Global Investments LLC  
(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:

Ezequiel Rial

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

5438 NW 6 Ave

\_\_\_\_\_  
(Address)

Miami, FL 33127

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ezequiel Rial

305

303-7976

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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



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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 26 AM 11:39

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Global Investments LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000016091

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/12/2019

4. I, Maria Gabriela Grillo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)