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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GLOBAL WIDGET LLC		
Name of Limited L	iability Company	
DOCUMENT NUMBER: L16000070050		
The enclosed Resignation of Registered Agent for a L for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this matt	er to the following:	
DONALD P. BIEDRZYCKI, JR.		
Name of Person	- 	
GLOBAL WIDGET LLC		
Name of Firm/Company		
115 EAST 138TH AVENUE		
Address		
TAMPA, FLORIDA 33613		
City/State and Zip Code		
donald@intldg.com		
E-mail address: (to be used for future annual report notific	ration)	
For further information concerning this matter, please	e call:	
DONALD P. BIEDRZYCKI, JR. 813	857-9684 a Code Daytime Telephone Number	
Name of Person Are	a Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Dep liability company or \$25.00 for an administratively d liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Sta	atutes, the undersigned,
STACY RENDUELES, PA	, hereby resigns as
Name of Registered Agent	
Registered Agent for GLOBAL WIDGET LLC	
Name of Limited Liability C	Company
L16000070050	
Document Number, if known	
A copy of this resignation was mailed to the above listed	imited liability company at its last known address.
The agency is terminated and the office discontinued on the	he 31st day after the date on which this statement is filed.
2 Boll	
Signature of	Resigning Agent
If signing on behalf of an entity:	
STACY BIEDRZYCKI REI	NDUELES မွာ 🔑 🔑
Typed or Printed	Name
ATTORNEY/OWNER	<u> </u>
Capacity	

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314