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SECRETARY OF STATE
TWISTON OF CORPORATION
17 FFR -3 AM ID: 40

HARRIS

COVER LETTER

Division of Corporations

SUBJECT:

Alobal Development Methods 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:

HET HONG Chang

	13070			
	(Contact Person)			
	(Films (Company))			
	(Firm/Company)	*		
	α α			
	8400 NW 965T			
	(Address)			
	MEDIEY 71 33166			
)		
(City/State and Zin Code)				

For further information concerning this matter, please call:

(Name of Contact Person) at (305) 305 - 3366 (Area Code & Daytime Telephone Number)

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

\$\sim \\$25 \text{ Filing Fee} \square \\$55 \text{ 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

CR2E079 (2/14)

TO:

Registration Section



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)

	ability company as it appears on the r	ecords of the Florida Department
L 17000	stration number assigned to this limi	1 /
4. 1, QID. (Print Name of Person MGR	CNDNG, hereby with	draw/resign as a
of this limited liability compresignation in writing.	pany and affirm the limited liability o	company has been notified of my
	Member of Resigning Manager	77 FQ
_	(Required) (Optional)	TANY OF STA