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## **COVER LETTER**

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000150206	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Janna Pantoja	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x3950
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

## MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statute	es, the undersigned,			
United States Corporation Agents, Inc		hereby resigns a	esians as		
Registered Agent for G	lobalWares, LLC			<del></del>	<del>-</del>
	Name of Limited Liability Comp	pany			<u></u> .
L17000150206					
Document Nu	mber, if known				
.,	on was mailed to the above listed limit				
The agency is terminated	d and the office discontinued on the 3  Signature of Resignature		th this sto		t is filec
If signing on behalf of a	n entity:			2019 JAN 28	
Cheyenne Moseley			H.	128	47.500 47.500 H
	Typed or Printed Nan	ne	SS		្រា
	Asst. Secretary for United States Co.	poration Agents, Inc.	min min	PH	6.0
	Capacity		JA.	2: 0	

F1LING 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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