

L17000169207

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GIBBONS, NEUMAN, BEILO, SEGALL, ALLEN & HALLORAN, P.A.
Account Number : 120000000178
Phone : (613) 877-9222
Fax Number : (813) 877-9230

LLC DISSOLUTION OR WITHDRAWAL
GLOBAL FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: **GLOBAL FL, LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY A. GIBBONS, ESQUIRE

(Name of Person)

GIBBONS | NEUMAN

(Firm/Company)

3321 HENDERSON BLVD.

(Address)

TAMPA, FLORIDA 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY A. GIBBONS

(Name of Person)

813

877-9222

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
19 JUL 23 AM 10:19
TALLAHASSEE, FLORIDA

19 JUL 23 AM 10:19

FILED

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GLOBAL FL, LLC
2. The Articles of Organization were filed on August 8, 2017 and assigned
document number L17000169207
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Consent of all of the Members to dissolve the Company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

Charlie M. Byrne
Signature

Charlie M. Byrne, Manager
Printed Name

FILING FEE: \$25.00

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