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Registration Section Division of Corporations

TO:

SUBJECT: Global Productions Mana	e of Limited Liability Company	
DOCUMENT NUMBER: L19000124		
	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concern	ning this matter to the following:	
United States Corporation Agents, Ir	nc.	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Compan	y	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code	e	
raresignations@legalzoom.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this i	matter, please call:	
Janna Pantoja	, 800 773-0888 x3950	
Name of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
United States Corporation Agents, Inc. hereby resigns as	
Name of Registered Agent	
Registered Agent for Global Productions Management Group LLC	
Name of Limited Liability Company	 '
L19000124729	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known	address.
The agency is terminated and the office discontinued on the 31st day after the date on which this sta	tement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
Cheyenne Moseley	~:
Typed or Printed Name	•_
Asst. Secretary for United States Corporation Agents, Inc.	
Capacity	-
PH INC PRO	:
FILING FEES: \$ 85.00 Active limited liability company	~; ~; ~>
\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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