L19000137624

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COVER LETTER

• TO: Registration Section Division of Corporations

_{subject:} LCL global investment LL0	C
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000137624	
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 th	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (800	773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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 Corp	oration Agents, Inc.	, hereby resigns	as	
,	Name of Registered Agent			
Registered Agent for	CL global investment LLC			
	Name of Limited Liability Comp	pany		
L19000137624				
Document No	imber, if known			
A copy of this resignation	on was mailed to the above listed limit	ed liability company at its la	ist known address.	
The agency is terminate	d and the office discontinued on the 3	1st day after the date on whi	ch this statement is	filed.
	Signature of Resid	toning Agent		
If signing on behalf of a	n entity;	, g - .g	2023 OCT 31	
	Cheyenne Moseley		ocr	
	Typed or Printed Nan	10	$\frac{\omega}{\omega}$	(care
	Asst. Secretary for United States Cor	poration Agents, Inc.	: :	J 0
	Capacity		PH 12: 48	
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lin	Hiability company ely dissolved/ voluntarily d nited liability company	issolved/	

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