L20000013589

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	o/Phone #)
☐ SICK-NS ☐ W	AIT MAIL
(Susiness En	tity Name)
(Document Number)	
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	cer:

Office Use Only



100410044081

01/12/20--01919 -002 **15.**0**0

TILEU
2023 JUN 12 PM 3: 4-1
2025 JUN 12 PM 3: 4-1

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: GLOBAL SQUARE PRODUC	TIONS, LLC
(Name o	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Dhaima Lindo	
(Contact Person)	
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	
150 S Pine Island Rd Suite 300	
(Address)	
Plantation FL 33324	
(City/State and Zip Code)	-
For further information concerning this	matter, please call:
Dhaima Lindo	954 557-1171 at () (Area Code & Dayrime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	limited liability company as	it appears on the records of the Florida Departmen	t ·
		signed to this limited liability company is:	
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	1
4. I, Dhaima Lindo	lame of Person Resigning)	, hereby withdraw/resign as a	
AMBR	, ,		
***************************************	(Print Title)		
of this limited lia resignation in wr		limited liability company has been notified of my	下干
Signature of D	ssociating Member or Resign	ing Manager	in the
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	PH 3: 41 EE, FLORID	,