KZ1 0000047383

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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COVER LETTER

Registration Section TO: Division of Corporations

GLOBAL MARITIME COMP	PLIANCE SOLUTIONS LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.			
Please return all correspondence concer	rning this matter to:			
Clemens Pauly, Esq				
(Contact Person)	 			
Pauly P.A.				
(Firm/Company)				
815 Ponce de Leon Blvd				
(Address)				
Coral Gables, FL 33134				
(City/State and Zip Code)				
For further information concerning this	matter, please call:			
Clemens Pauly	305 967-6900 at ()			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made paya	able to the Florida Department of State for:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
Mailing Address:	Street Address:			

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303



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)

	e limited liability company as	s it appears on the records of the Florida E	Department
2. The Florida doc 1.21000047383	-	ssigned to this limited liability company is	s:
ALEDAN	DRO TRICLO MENCHELLI	signed or will withdraw/resign is:	
4. I(Print i	Name of Person Resigning)	, hereby withdraw/resign as a	2891 HAR
MANAGER	(Print Title)		- 9
of this limited lia resignation in w	ability company and affirm the riting.	ne limited liability company has been notif	fied of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		