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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 4 2022

#### **COVER LETTER**

	egistration Section		
U	ivision of Corporations		
SUBJEC			
	(Name of I	Limited Liability Co	ompany)
The enclo	osed member, resignation or diss	ociation and fee(	(s) are submitted for filing.
Please ret	turn all correspondence concerni	ng this matter to	:
Arthur T. C	Carter		
	(Contact Person)		<del></del>
	(5)		
	(Firm/Company)		
1442 Cobu	ım Drive		
	(Address)		_
Tarpon Spa	rings, FL 34689		
	(City/State and Zip Code)		_
For further	er information concerning this m	atter, please call	:
Arthur T C	arter	727 at (	470-1042
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed	please find a check made payab	le to the Florida	Department of State for:
□ \$25 Fi			ng Fee & Certified Copy
	ailing Address:		Street Address:
	egistration Section		Registration Section
	ivision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee
	allahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)

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SECRETARY OF STATE TALLAHASSEE, FL

### 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 Department e Global Tampa/St. Pete, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1, Arthur T. Carter	
Managing Memb	er er
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
July	LaCota
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)