# L21000484031

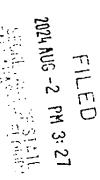
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
J. HORNE AUG 13 2024				
AUG 13 2024				
	• -			

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
Global Financial Investment Strategies LLC SUBJECT:	
Name of Limited Liabili	ty Company
DOCUMENT NUMBER: L21000464631	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Adam Saulters	
Name of Person	<del>_</del>
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Avc. Suite 301	
Address	_
Tallahassee, FL 32301	
City/State and Zip Code	_
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification	<del>-</del>
For further information concerning this matter, please call	:
Adam Saulters 844 at (	49,3-6249
Name of Person Area Coc	le 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Durguant to the provie	ions of section 605.0115, Florida Statutes, the u	indarcianad	100 To 1
ZenBusiness Inc.	ions of section 603.0113, Fiorida Statutes, the C	, hereby resigns as	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Name of Registered Agent		بن الله الله الله الله الله الله الله الل
Registered Agent for			
Głobal Financial Invest	ment Strategies LLC		
	Name of Limited Liability Company		·
L21000464631			
Document	Number, if known		
-	ation was mailed to the above listed limited liab		
	Signature of Resigning Ag	ent	
If signing on behalf o	f an entity:		
	Khadijeh Hemmati		
	Typed or Printed Name	<del> =</del>	
	Secretary		
	Capacity	<del></del>	

FILING FEES:
\$ 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