122000132431

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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SECRETARY OF STATE
11 DE CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GLOBAL EXCHA	MGE FINANCIAL UC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
DEWAYNE CLEMMONS (Contact Person)	
GLOBAL EXCHANGE FINANCIA (Firm/Company)	<u>u uc</u>
5126 NET DY APT 416 \$ (Address)	
TAMPA FLOXIDA 33634 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
DEWALINE CLEMMONS at (Name of Contact Person)	(3.05) 7772-2725 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:] \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

1. The name of the	limited liability company a	s it appears on the records of the Fl	orida Department
of State is:	LOBAL EXCHA	NGE FINANCIAL L	<u></u>
_ Laa	000132431		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	05/26/2023
		, hereby withdraw/resign as a	
	AGER		
of this limited lial resignation in wr		he limited liability company has be	en notified of my
Ele	in Bookel i		
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SPURETARY THISPIC 2023 MAY 30