MOI 00000 1772

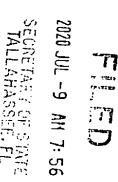
(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Global Telling Way Allance LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
EARL ZIERANTE
Earl Ziebarth 3@ gmail. com
3109 Grad Ave # 545
Co Co Mt Grove FC 33133 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

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



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 l	limited liability company as it appears on the records of the Florida Depar Lobal Technology Alliance, LLC	1ment
	iment/registration number assigned to this limited liability company is:	
MOLO	00000 1772	_
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:	105
4. I. EALL (Print Na.	w Zieliu (h.), hereby withdraw/resign as a come of Person Resigning)	
Member	. · · · · · · · · · · · · · · · · · · ·	
(I-	Print Title)	2020 2020
of this Jimited liabi	ility company and affirm the limited liability company has been rectified	
resignation in whi	,	
Lent		
Signature of Dis-	sociating Member or Resigning Manager	7: 56
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	