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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | group erprises, LLC |
|--|---|
| SUBJECT: Global End (Name of Foreign | erprises, LLC gn Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed withdrawal and fee(s) are submitted | for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| Jeff Hutto | \cap |
| (Name of Person) Global Enterpria (Firm/Company) | ses, LLC |
| 8357 SE 1574 P | <u></u> |
| Summerfield, FL (City/State and Zip Code) | 34491 |
| For further information concerning this matter, ple Teff Hutton (Name of Person) | ase call: at (<u>352</u>) <u>245-7090</u> (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Global Enterprises Group LLC | |
|---|--------------------------|
| (Name of limited liability company) | |
| (Jurisdiction of its organization) | |
| This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. | |
| This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. | |
| 375 N. Stephanie St. Suite 1411 (Mailing address) | |
| Henderson, NV 89014-8909 (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. | |
| (Signature of member or authorized representative of a member) Seffrey S. Hutton (Typed or printed name of signee) | SECRETARY DIVISION OF |
| PH 6 |) |

Filing Fee: \$25.00