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(Address)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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EXAMINER

STEP ONE COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Global Wings, LLC		
	nited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for fili	ng.	
Please return all correspondence concerning this matter t	o the following:	
Nick Schneider		
(Name of Person)		
Global Wings, LLC (Firm/Company)	09 JUN 30 PH 4: 10 SECRETARY OF STATE TALLAHASSEE, FLORID	
1001 Yamato Road, Suite 308	30 P SSEE.	
(Address)	FS:	
Boca Raton, FL 33431	: 10 PATE PRID	
(City/State and Zip Code)	A	
For further information concerning this matter, please ca	II:	
Nick Schneider	(561) 988-9881	
(Name of Person)	(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:		
	Filing Fee & S60 Filing Fee, ified Copy Certificate of Status & Certified Copy	

STEP ONE

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

Global Wings, LLC	
(Name of limited liability company)	
State of Nevada	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida an authority to transact business in this state.	d surrenders its
This limited liability company revokes the authority of its registered agent to a its behalf and appoints the Department of State as its agent for service of procause of action arising during the time it was authorized to transact business in Fl	ccept service on cess based on a lorida.
1001 Yamato Road, Suite 308	
(Mailing address)	
Boca Raton, FL 33431	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address. Local Call	e future of any
(Signature of member or authorized representative of a member)	99 J
Nick Schneider	HAS W
(Typed or printed name of signee)	RY OF STAT

Filing Fee: \$25.00