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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL GLOBAL BENEFITS NETWORK, LLC

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T. HAMPTON

COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT: OBN,			
	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	inatter to the following:	
	(Name of Person)		
GBN, LLC			
	(Firm/Company)		
	(Address)		
	(City/State and Zip Cor	de)	
For further informat	tion concerning this matter, p	elease call:	
		at ())
(lums of Person)	(Area Code &	Daytime Telephone Number)
Registratio Division of Clifton Bu	f Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 asset, Florida 32314
	e, Florida 32301		
Enclosed is a check	c for the following amount:	•	
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	© \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OSS REF	
GBN, LLC	GLOBAL BENEFITS NETWORK, LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
12/23/2009	
	(Date registered with Florida Department of State)
M09000005043	
	(Florida Document Number)
This limited liabil	lity company withdrawing its certificate of authority in this state.
/	USU
	(Signature of authorized representative)
	Robert S. Raphael
	(Typed or printed name of signee)

Filing Fee: \$25.00

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