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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION UNIFIED GLOBAL GROUP, LLC

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Registration Section Division of Corporations

TO:

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## **COVER LETTER**

CHID HE CITE	Unified Global Group, LLC		
SOBJECT:	SUBJECT:  Name of Limited Liability Company		
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		or a Limited Liability Company and fee are submitted	
Please return all	correspondence concerning this	matter to the following:	
Helen Mac-Tra	n .	م راسين	
-	Name of Person	<del></del>	
C T CORPOR	ATION SYSTEM	ا مرد است المراد المرد ا المرد المرد ا	
	Name of Firm/Company		
111 8th Avenue	e, 13th Floor	16 JUN -2 AN 10: 18	
	Address		
New York, New	V York 10011		
	City/State and Zip Code	<del></del>	
Helen.Mac-Tra	n@Wolterskluwer.com		
E-mail address	: (to be used for future annual report n	otification)	
For further inform	nation concerning this matter, p	lease call:	
Helen Mac-Tra	n at i	,212 590-9118	
N	lame of Person	Area Code Daytime Telephone Number	
Enclosed is a che liability company liability company	ck made payable to the Florida or \$25.00 for an administrative	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADI	DRESS:	STREET ADDRESS:	
Registration Sect		Registration Section	
Division of Corp	orations	Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL	32314	2661 Executive Center Circle Tallahassee, FL 32301	

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	rsigned,
C T CORPORATION SYSTEM hereb		, hereby resigns as
	Name of Registered Agent	,,
Registered Agent for _	UNIFIED GLOBAL GROUP, LLC	
M15000001501		
-	Name of Limited Liability Company	
Document N	lumber, if known	
A copy of this resignati	ion was mailed to the above listed limited liability	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day afte	r the date on which this statement is filed?
:	Signature of Resigning Agent	JUN - SECTION
	Signature of Resigning Agent	2 700
If signing on behalf of	an entity:	Fran G. C.S.
,	C T Corporation System - Helen Mac-T	ran 9
	Typed or Printed Name	<del>ි</del> ක
	Assistant Secretary	
	Capacity	

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314