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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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J. LEGGETT FEB 1 4 2018

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18 FEB 13 PH 12: 50

14 Feb 13 PH 12: 50

COVER LETTER

| Division of | Corporations | | |
|--|--|---|---|
| GLOBA SUBJECT: | AL MANAGEMENT HOLI | DINGS GROUP, LLC | |
| SOBJECT: | (Name of For | eign Limited Liability | Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitte | d for filing. | |
| Please return all corr | espondence concerning this | matter to the following | 2: |
| Amy L. Wood | | | |
| | (Name of Person) | · | _ |
| SoBro Law Group | | | |
| | (Firm/Company) | | _ |
| 513 3rd Avenue So | outh | | |
| | (Address) | | _ |
| Nashville, TN 3721 | 10 | | |
| | (City/State and Zip Cod | e) | _ |
| For further informati | on concerning this matter, p | lease cail: | |
| Amy L. Wood | | 615 at (| 988-9911 |
| (N | ame of Person) | | & 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 & Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| GLOBAL MANAGEMENT HOLDINGS GROUP, LLC | |
|---|-------------------------|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| 9/4/15 | |
| (Date registered with Florida Department of State) | |
| M15000007101 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in | this state. |
| Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior t more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutor this date will not be listed as the document's effective date on the Department. | ry filing requirements. |
| (\$ignature of authorized representative) Amy L. Wood (Typed or printed name of signee) | 18 FEB 13 PM 12: S |

Filing Fee: \$25.00