(Re	equestor's Name)	
(Ad	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700243689807

01/17/13--01007--029 **78.00

COVER LETTER

	(Name of Person) (Area Code	& Daytime Telephone Number)
j let	olanc au 941	587-5626 & Daytime Telephone Number)
For fu	rther information concerning this matter, please call:	
	(City/State and Zip Code)	
sara	asota, fl. 34242	
	(Address)	•
205	55 siesta dr. # 5155	
	(Name of Firm/Company)	•
glol	oal legal resolution, inc	
	(Name of Person)	-
j. le	blanc	
Please	return all correspondence concerning this matter to the	ne following:
The en	closed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
DOCU	JMENT NUMBER: P10000096942	
SUDJI	(Name of Corporati	on)
CHD II	_{вст:} global legal resolution, inc	;
TO:	Amendment Section Division of Corporations	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	visions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	9,
Florida Statutes, th	e undersigned, J. LeBlanc	
	(Name of Registered Agent)	
hereby resigns as R	Registered Agent for global legal resolution, inc	
3 . 3	(Name of Corporation)	
P100000969	942	
(Document No	umber, if known)	
A copy of this resig	gnation was mailed to the above listed corporation at its last known a	address.
The agency is term this statement is fil	1 0	
	(Signature of Resigning Agent) (33 4 12)	120118
lf signing on behal	f of an entity:	
	(Typed or Printed Name)	
		_ 9
_	(Capacity)	SECRETARY VISION OF C
	Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	POF STATE CORPORATION

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

withdrawn corporation