

PK 0000438 21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

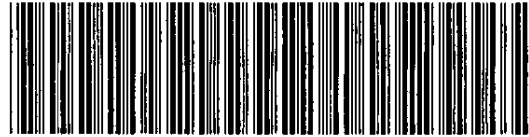
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ballecom Activewear Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000043821

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anabella Perello

(Name of Person)

Global Trust Management US Branch Inc.

(Name of Firm/Company)

1600 Ponce de Leon Blvd. Ste. 808

(Address)

Coral Gables, FL, 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Anabella Perello

(Name of Person)

at (305) 3795551

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, GLOBAL TRUST MANAGEMENT US BRANCH INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for Ballecom Activewear Inc.

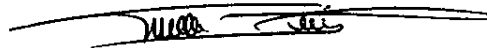
(Name of Corporation)

P15000043821

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Anabella Perello

(Typed or Printed Name)

Director

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

2015 AUG -6 AM 11:50
SECRETARY OF STATE
AUG 6 2015

FILED