P9300069742

(Re	equestor's Name)			
	ldress)			
(^0	uress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





900387106479

U5/17/22--U1UU3--UU3 *** 1.30



JUL 21 2022

M. SOLOWON

COVER LETTER

SUBJECT:	GLOBE MARKETING SEI	RVICES, INC.		
	(Name of Corpor	ration)	-	
DOCUMENT NUMBER:	P9300006974	12	_	
The enclosed Resignation	of Registered Agent for a Corpo	oration and fee are submitted for	r filing.	
Please return all correspon	dence concerning this matter to	the following:		
F SCC	TT GOLDEN			
	ne of Person)	_		
(Name o	f Firm/Company)	_	٠.,	2
644 Sou	theast 4th Avenue			MED MAY 17
(Address)	-		-
	dale, Florida 33301		7 -	7
(City/Sta	ite and Zip Code)	_		₩.
For further information co	ncerning this matter, please call	l:		PH 12: 45
E. Scott Golden (Name of Pe	at (954) 764-6766 ode & Davtime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned.	E. SCOTT GOLDEN
	(Name of Registered Agent)
hereby resigns as Registered Agent for _	GLOBE MARKETING SYSTEMS. INC. (Name of Corporation)
P93000069742	
(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 of this statement is filed.	discontinued on the 31st day after the date on which
Sig (Sig	mature of Resigning Agent)
If signing on behalf of an entity:	. , 45
	7 725
	;
(1	Typed or Printed Name)
	١٠ و٦٠ . ١
	: .
	Typed or Printed Name) PH 12 (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withdrawn corporation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