

L010000009378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

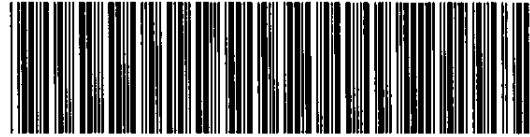
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900240797269

10/19/12--01003--015 \*\*150.00

FILED  
12 OCT 19 PM 4: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 22 2012

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cortex Acquisition Group LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000009378

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Everett Atwell  
Name of Person

Atwell Holdings Inc  
Name of Firm/Company

PO Box 1508  
Address

Englewood, FL 34295  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy K. Koenig at ( 305 ) 296-8851  
Name of Person Area Code & Daytime Telephone Number

FILED  
12 OCT 19 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Timothy J. Koenig

Name of Registered Agent

, hereby resigns as

Registered Agent for

Cortex Acquisition Group LLC

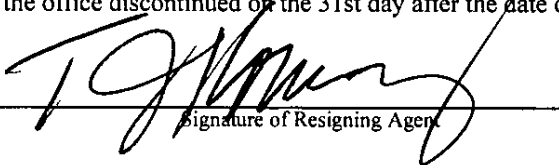
Name of Limited Liability Company

L01000009378

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Timothy J. Koenig

Typed or Printed Name

Capacity

FILED  
12 OCT 19 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

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

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