

209000066450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

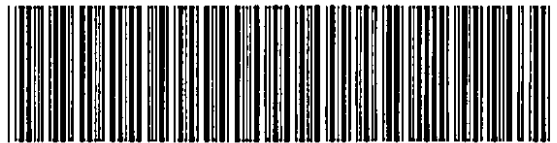
(Business Entity Name)

(Document Number)

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2022 APR 11 AM 6:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

○ SIMMONS
APR 26 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEG2, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000066450

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:

JOHN F. COOK, ESQUIRE
Name of Person

JOHN F. COOK, P.A.
Name of Firm/Company

2033 WOOD STREET, SUITE 118
Address

SARASOTA, FL 34237
City/State and Zip Code

peter7859@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER WEISS at (941) 302-7576
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

2022 APR 11 AM 6:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JOHN F. COOK _____, hereby resigns as
Name of Registered Agent

Registered Agent for SEG2, LLC _____
Name of Limited Liability Company

L090000066450 _____
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:

JOHN F. COOK _____
Typed or Printed Name
REGISTERED AGENT _____
Capacity

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**