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B. BOSTICK

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EXAMINER

COVER LETTER

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96-8851

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

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 se	ction 608.416	(2) or 608.509, Florida Si	tatutes, the undersigned	,		
	thy J. Koen f Registered Age		, hereby resigns as			
Registered Agent for		Cortex Acquisition	Group LLC			
	Name of Lin	nited Liability Company			,	
L010000093						
Document Number, if	known					
A copy of this resignation was r	nailed to the a	bove listed limited liabil	ity company at its last k	nown add	ress.	
The agency is terminated and the	19	dignature of Resigning Age	\prec	his statem	ent is t	iled.
	Ti	mothy J. Koenig			90	غەم ل اللىم «
	Т	yped or Printed Name			1 9	in aller
		Capacity			PH 4: 1	S prime prime
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissortithe withdrawn limited lia	y company olved/ voluntarily disso bility company	D/H A blved/	9	

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P.O. Box 6327

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