837)462

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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JUN 0 6 2018 S. YOUNG

COVER LETTER

SUBJECT: LAND COAST INSULAT	ION, INC.
(Name of Corpor DOCUMENT NUMBER: COGENCY GLOBAL IN	ation)
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Gretchen McDougal	
(Name of Person)	
COGENCY GLOBAL INC.	
(Name of Firm/Company)	_
850 New Burton Rd. Suite 201	
(Address)	_
Dover, DE 19904	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
Gretchen McDougal at (866	,621.3524
(Name of Person) (Area Co	de & Daytime Telephone Number)
that and is a about made models to the Floride Department	ant of State for \$87.50 for an action our

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

. .

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.1509, or 617	.1509.
Florida Statutes, the undersioned	COGENCY GLOBAL INC.	
Thomas statutes, the undersigned.	(Name of Registered Agent)	
D 1. 1.	or for LAND COAST INSULATION	N, INC.
hereby resigns as Registered Ager	(Name of Corporation)	
837462	·	
(Document Number, if known)		
A copy of this resignation was ma	iled to the above fisted corporation at its last kno	own address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date	on which
	(Signature of Resigning Agent)	I AL
	(2) faurence of residuing Affaur)	E T
If signing on behalf of an entity:		FILE AHASSI
Gretchen I	McDougal	E P
	(Typed or Printed Name)	PN 14: 51 PN 14: 51
Assistant S	Secretary	DA II
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314