A120000305

(Requestor's Name)	
(Address)	
(Address)	
(10000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Coomico Lina)	
	_
(Document Number)	
Certified Copies Certificates of Status	
Consideration to Even Officer	
Special Instructions to Filing Officer:	

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C. GOLDEN Mar 1 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DEC	CC INVESTMENTS, LLLP
Name of Limited Pa	rtnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A12000	000305
The enclosed Resignation of Registere	ed Agent and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Krystal Beckner	
Contact Person	
COGENCY GLOBAL INC.	
Firm/Company	
850 New Burton Rd Suite 201	
Address	
Dover, DE 19904	
City, State and Zip Co	ode
E-mail address: (to be used for future ar	inual report notification)
For further information concerning th	is matter, please call:
Invoices Team	at (866) 621-3524
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to t	he Florida Department of State for:
✓ \$87.50 Filing Fee	.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

7 distant to the	COGENCY GLOBAL, INC.	Ü
	Name of Registered Agent	, hereby resigns as
Registered Age	ent for DECC INVESTMENTS, LLLP	
-	Name of Limited Partnership or Limited Lia	ability Limited Partnership
,	A12000000305	
	cument Number, if known	
_	erminated on the 31 st day after the date on whe partment of State.	
_	epartment of State.	
the Florida Do	Epartment of State. Krystal Bocknar Signature of Registered Agen	
the Florida Do	Epartment of State. Krystal Backenss Signature of Registered Ages behalf of an entity:	
the Florida Do	Epartment of State. Krystal Backnar Signature of Registered Agents behalf of an entity: Krystal Beckner	nt
the Florida Do	Epartment of State. Krystal Backenss Signature of Registered Ages behalf of an entity:	nt

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50