

F09000002258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

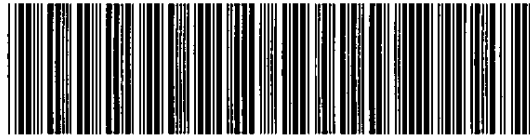
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09 JUN 26 PM 3:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NA Resign  
Tennis  
7-2-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Comergy USA Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F09000002258

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trevor Seffren  
(Name of Person)

Comergy USA INC  
(Name of Firm/Company)

5537 North Military trail suite 1905  
(Address)

Boca Raton FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Trevor Seffren at (561) 281-9004  
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
09 JUN 26 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Trevor Seffron

(Name of Registered Agent)

hereby resigns as Registered Agent for Comergy USA, Inc.

(Name of Corporation)

F09000002258  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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, FL 32314**