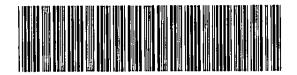
# F15000002556

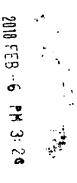
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



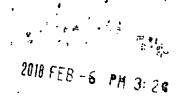
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LEBOL JOB

#### **COVER LETTER**



**TO:** Amendment Section Division of Corporations

 $_{
m SIBBECT}$  COOKSHOP INC.

(Name of Corporation)

DOCUMENT NUMBER: F15000002556

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:

#### Amanda Archambault

(Name of Person)

## COGENCY GLOBAL INC.

(Name of Firm/Company)

## 850 New Burton Rd Suite 200

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault

., 866

621-3524 ext. 3041

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. COGENCY GLOBAL INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for COOKSHOP INC.
(Name of Corporation)
F15000002556
(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.
A Forchambauth (Signature of Resigning Agent)  If signing on behalf of an entity:
If signing on behalf of an entity:
Amanda Archambault
(Typed or Printed Name) بن بنج التي التي التي التي التي التي التي التي
Assistant Secretary
(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