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R/B-Rosign



February 5, 2018

CASEY BICE CAPITOL SERVICES REGISTERED AGENT DEPART PO BOX 1831 AUSTIN, TX 78767

SUBJECT: LOGFIRE, INC. Ref. Number: F15000005401

We have received your document for LOGFIRE, INC.. However, the document has not been filed and is being returned for the following:

THE FEE FOR A REGISTERED AGENT RESIGNATION IS \$35.00.

WE ARE RETURNING THE \$25.00 CHECK YOU HAVE SUBMITTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 818A00002388



## Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 2/16/2018 FLORIDA

REP UNIT:

LOGFIRE, INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 29870 in the amount of 25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 1/31/2018 FLORIDA

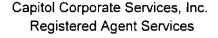
**REP UNIT:** 

LOGFIRE, INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 29791 in the amount of 25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: LOGFIRE, INC. (Name of Corporation)	
DOCUMENT NUMBER: F1500005401	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	na
	ug.
Please return all correspondence concerning this matter to the following:	
Casey Bice	
(Name of Person)	
Capitol Services Registered Agent Department	
(Name of Firm/Company)	
PO Box 1831	
(Address)	
Austin, TX 78767	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Casey Bice at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)	
(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 or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	corporati

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, Capitol Corporate Services, Inc. (Name of Registered Agent)
nereby resigns as Registered Agent for LOGFIRE, INC. (Name of Corporation)
F1500005401 (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 his statement is filed.
(Signature of Resigning Agent)  f signing on behalf of an entity:
Jason Fischer  (Typed or Printed Name)
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