

# LOS 000037598

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

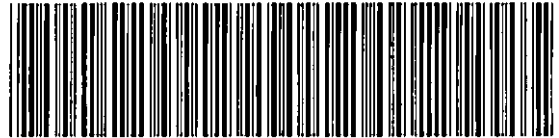
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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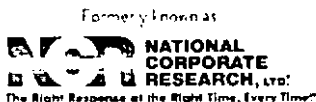
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COGENCYGLOBAL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 6/11/18

Name: KEN HOWELL

Reference #: G042952

Entity Name: REMEMBRANCE SERVICES OF FLORIDA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other                     \*\*RESIGNATION OF REGISTERED AGENT\*\*

ISSUES - CALL KEN @  
518-213-0738

Authorized Amount: \$85.00

Signature: [Signature]

① CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

② EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY 4-01072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



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199 DES VOEUX RD CENTRAL  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Remembrance Services of Florida, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000037598

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Chughtai-Harvey

Name of Person

SCI Funeral Services, LLC

Name of Firm/Company

1929 Allen Parkway

Address

Houston, TX 77019

City/State and Zip Code

Alexandra.Chughtai-Harvey@Sci-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Chughtai-Harvey

Name of Person

at (

713

Area Code

525-2822

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael R. Uselton, hereby resigns as  
Name of Registered Agent

Registered Agent for Remembrance Services of Florida, LLC

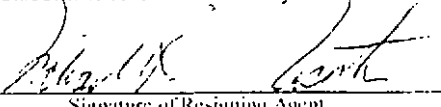
Name of Limited Liability Company

L05000037598

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314