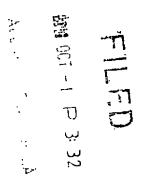
## 10800011246

(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT:					
	Name of Lii	nited Liability	Company		<del></del>	
oct	JMENT NUMBER: L08000011246					
The er or fili	nclosed Resignation of Registered Agent ng.	for a Limited	Liability Comp	any and f	ee are sul	bmitted
lease	return all correspondence concerning th	is matter to th	ne following:			
Invoid	e Team					
	Name of Person		•			
cogi	ENCY GLOBAL INC					
	Name of Firm/Company		•	:-	-17- 1.01 124	
850 N	lew Burton Rd Suite 201			,	<u> 23</u>	-71
	Address				1	
Dove	r, De 19904				7)	
	City/State and Zip Code				ږب	"Party"
invoid	es@cogencyglobal.com			7.	3 <b>2</b>	
E-	mail address: (to be used for future annual repor	t notification)	•			
For fu	rther information concerning this matter.	please call:				
Invoic	ce Team	866	621-3524 Daytime Telepl			
	Name of Person	Area Code	Daytime Telepl	none Numb	per	

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 provi	sions of section 605.0115, Florida Statutes, the un-	dersigned.
COGENCY GLO	BAL INC	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	NAPPY BOY, LLC	
	Name of Limited Liability Company	·
L08000011246		
Documen	t Number, if known	
A copy of this resign	nation was mailed to the above listed limited liability	ty company at its last known address
The agency is termin	nated and the office discontinued on the 31st day at	fter the date on which this statement-is-filed
	Krystal Beckner Signature of Resigning Agen	n A
	Signature of Resigning Agen	مير بي
If signing on behalf o	p <b>2</b>	
	Krystal Beckner	
	Typed or Printed Name	
	Capacity	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company

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