

109000066450

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(Address)

(City/State/Zip/Phone #)

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2022 APR 11 AM 6:40

SECRETARY OF STATE  
TALLAHASSEE, FL

○ SIMMONS  
APR 26 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEG2, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000066450

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:

JOHN F. COOK, ESQUIRE

\_\_\_\_\_  
Name of Person

JOHN F. COOK, P.A.

\_\_\_\_\_  
Name of Firm/Company

2033 WOOD STREET, SUITE 118

\_\_\_\_\_  
Address

SARASOTA, FL 34237

\_\_\_\_\_  
City/State and Zip Code

peter7859@gmail.com

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

For further information concerning this matter, please call:

PETER WEISS

at ( 941 ) 302-7576

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**  
2022 APR 11 AM 6:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

JOHN F. COOK

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for SEG2, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L090000066450

\_\_\_\_\_  
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:

JOHN F. COOK

\_\_\_\_\_  
Typed or Printed Name

REGISTERED AGENT

\_\_\_\_\_  
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