L100000001853

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

Office Use Only

ZULFEGETTE AFT OF 2-48



100304434271

10/17/17--01014--001 **595.00

FILED

17 OCT 16 FM 2: 08

SECONDARY OF STATE
MILANASSEE, FLORID

S. WARREN OCT 18 2017

COVER LETTER

TO:	Registration Section Division of Corporations		
	FR TAX GROUP I.I.C.		
SUBJ	FR TAX GROUP, LLC	Limited Liability Company	
DOC	UMENT NUMBER: L10000067853		
The er for fill		nt for a Limited Liability Company and fee ar	e submitted
Please	return all correspondence concerning t	this matter to the following:	
Amar	nda Archambault		
	Name of Person	 	
COG	ENCY GLOBAL INC.		
	Name of Firm/Company		
850 1	New Burton Rd Suite 200		
	Address		
Dove	r, DE 19904		
	City/State and Zip Code		
E	-mail address: (to be used for future annual rep	port notification)	
For fu	rther information concerning this matte	er, please call:	
Amar	nda Archambault	866 621-3524 ext. 3041	
	Name of Person	at () Area Code Daytime Telephone Number	
liabilit	sed is a check made payable to the Flor ty company or \$25.00 for an administra ty company.	rida Department of State for \$85.00 for an activity dissolved or with	ive limited ndrawn limited
MAII	ING ADDRESS:	STREET ADDRESS:	
Regist	ration Section	Registration Section	
	on of Corporations	Division of Corporations	
P.O. F	3ox 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

• 1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Sta	tutes, the undersigned,		
COGENCY GLOBAL	. INC.	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for FR	TAX GROUP, LLC			
	Name of Limited Liability Co	ompany	·	
L10000067853				
Document Num	ber, if known			
A copy of this resignation	was mailed to the above listed li	mited liability company at its last l	known address.	
The agency is terminated	and the office discontinued on the	e 31st day after the date on which	this statement is file	ed.
-	A A Archam Signature of R	Designing Agent	17 1	<u> </u>
If signing on behalf of an entity:			00T 130 130 1	ı
	Amanda Archambault		TI6 P	
-	Typed or Primed 2	Name		l 1
<u>-</u>	Assistant Secretary		FLO	,
	Capacity		28.080 ATE ATE	

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