L12000070367

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Priorie #)		
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(Business Entity Name)		
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C. GOLDEN Mar 1 4 2019

COVER LETTER

TO: Registration Section Division of Corporations		
DECC HOLDINGS, LLC SUBJECT:		
Name of Limited Liability Company		
DOCUMENT NUMBER: L12000070	0367	
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concer	rning this matter to the following:	
Krystal Beckner		
Name of Person		
COGENCY GLOBAL INC.		
Name of Firm/Compa	ny	
850 New Burton Rd., Suite 201		
Address		
Dover, DE 19904	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Cod	de	
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this	matter, please call:	
Invoices Team	at (- 866 -) 621-3524	
Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number	
Enclosed is a check made payable to th liability company or \$25.00 for an adm liability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statute	es, the undersigned.
COGENCY GLOBAL, INC.	, hereby resigns as
Name of Registered Agent	, moreo, resigno de
Registered Agent for DECC HOLDINGS, LLC	
Name of Limited Liability Comp	pany
L12000070367	
Document Number, if known	
A copy of this resignation was mailed to the above listed limit	ed liability company at its last known address.
The agency is terminated and the office discontinued on the 3	1st day after the date on which this statement is filed
Krystal Bac Signature of Resignature	ckner
If signing on behalf of an entity:	
Krystal Beckner	
Typed or Printed Nan Assistant Secretary, COGEN	
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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