# L120000 73603

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### **COVER LETTER**

| SUBJECT: GLOBAL ACCREDITATION RECOGNITIO                               |                               |                       |                                  |
|--|-------------------------------|-----------------------|----------------------------------|
| Name of Limited Liability  | Company                       |                       |                                  |
| DOCUMENT NUMBER: L12000073603  |                               |                       |                                  |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are | submitte              | d                                |
| Please return all correspondence concerning this matter to the         | ne following:                 |                       |                                  |
| Kristie Tolliver   |                               |                       |                                  |
| Name of Person   |                               |                       |                                  |
| COGENCY GLOBAL INC.  |                               |                       |                                  |
| Name of Firm/Company   |                               |                       |                                  |
| 850 New Burton Rd., Suite 201  |                               |                       |                                  |
| Address  |                               | . ~                   |                                  |
| Dover, DE 19904  | Ä                             | 2020 JUN 29           |                                  |
| City/State and Zip Code  | <u> </u>                      | UN 2                  | با در<br>۱۰، ۱۲۰ و<br>استحدین از |
|  | <b>莎</b><br>93                |                       | ا<br>م                           |
| E-mail address: (to be used for future annual report notification)     | 1.15                          |                       |                                  |
| For further information concerning this matter, please call:           |                               | 表 10:39<br>CF 6 76:39 |                                  |
| Invoices Team at (866  | ) 621-3524                    | )); <b>U</b>          |                                  |
| 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

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

| Pursuant to the provisions | of section 605.0115, Florid             | a Statutes, the undersigned,        |                                      |          |
|----------------------------|---|-------------------------------------|--------------------------------------|----------|
| COGENCY GLOBAL             | . INC.                                  | , hereby resig                      | ne ne                                |          |
|                            | Same of Registered Agent                | , nevery resig                      | 113 (13                              |          |
| Registered Agent for GL    | OBAL ACCREDITATIO                       | N RECOGNITION SERVICE               | ES LLC                               |          |
|                            | Name of Limited Liabil                  | lity Company                        | ·                                    |          |
| L12000073603               |   |                                     |                                      |          |
| Document Num               | ber, it known                           |                                     |                                      |          |
| A copy of this resignation | was mailed to the above list            | ed limited liability company at it  | s last known address.                |          |
| The agency is terminated   | and the office discontinued of          | on the 31st day after the date on v | which this statement is filed        | .1.      |
| If signing on behalf of an | Signatur<br>entity:<br>Kristie Tolliver | to Tolliver e of Resigning Agent    | 2020 JUN 29<br>SECKETATY<br>TALLAHAS | CELLE OF |
| A                          | Typed or Pr<br>ssistant Secretary, CC   | inted Name<br>DGENCY GLOBAL INC     |                                      |          |
| -                          | Capaci                                  | <u></u>                             | AMIO: 39<br>OF CIVIE<br>SSEE, FL     |          |

\$ 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