From 7188897420 1.718.889.7420 Fri Oct 5 14:21:20 2018 MDT Page 1 of 3

Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone

: (800)221-2972

Fax Number

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LLC REGISTERED AGENT RESIGNATION CYLE ACQUISITIONS, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: CYLE ACQUISITIONS, LLC	ability Comp	any		
DOC	UMENT NUMBER: L13000134165	· · · · · · · · · · · · · · · · · · ·			
	nclosed Resignation of Registered Agent for a L	mited Liabi	lity Company and fee	are submitte	:d
Please	return all correspondence concerning this matte	r to the follo	owing:		
TRA	CEE COTTON				
	Name of Person				
BLU	MBERGEXCELSIOR CORPORATE SERVI	CES,		- ¬	
	Name of Firm/Company			 	-
16 C	OURT ST 14TH FLOOR			. 7	•
	Address			`>	• -
BRO	OKLYN, NY 11241			``	
	City/State and Zip Code		•	<u>.</u>	
Е	-mail address: (to be used for future annual report notifica	ion)			
For fu	rther information concerning this matter, please	call:			
TRAC	CEE COTTON 800		2972 X1550		
	Name of Person Area	Code Dayti	me Telephone Number		
Enclos	sed is a check made payable to the Florida Depa	tment of Sta	nte for \$85.00 for an a	ctive limited	J .

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersigned,	
BLUMBERGEXC	ELSIOR CORPORATE SERVICES, INC., hereby resign.	s as
	Name of Registered Agent	
Registered Agent for	CYLE ACQUISITIONS, LLC	
	Name of Limited Liability Company	
L13000134165		~
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability company at its	last known address.
The agency is termina	ated and the office discontinued on the 31st day after the date on wh	nich this statement is filed
	Bunattanan Signature of Resigning Agent	
If signing on behalf o	f an entity:	·
	ZEINA HASSOUN	
	Typed or Printed Name	
	ASSISTANT SECRETARY	
	Capacity	

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