

L14000104799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

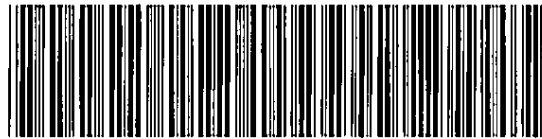
(Business Entity Name)

(Document Number)

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2020 FEB 11 PM 5:47  
SOUTHERN DISTRICT OF CALIFORNIA

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FALBERTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Synergy Ancillary Services LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company  
LL14000104799

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Russell Warrington

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

Synergy Ancillary Services LLC

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

11350 SW Village Pkwy 3d Floor

\_\_\_\_\_  
Address

Port St. Lucie FL 34987

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

russ.warrington@sasgroupllc.com

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

For further information concerning this matter, please call:

Russell Warrington

561

508-3101

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Venus Caruso, Esq.

, hereby resigns as

Name of Registered Agent

Synergy Ancillary Services LLC

Registered Agent for

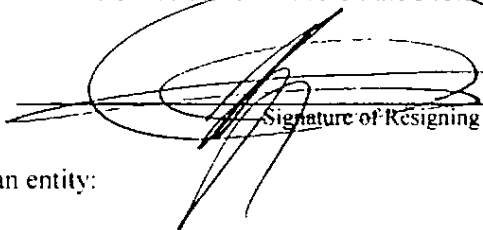
Name of Limited Liability Company

114000104799

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:

Typed or Printed Name

Capacity

FILED  
2020 FEB 11 PM 5:47  
TALLAHASSEE, FL

## **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