# L15000164190

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| (Requestor's Name)       |   |        |  |  |
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| PICK-UP                  | WAIT                                    | MAIL   |  |  |
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|                          |   |        |  |  |
| (Do                      | cument Number)                          |        |  |  |
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| Certified Copies         | Certified Copies Certificates of Status |        |  |  |
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| Can sial Instructions 4- | Ellina Officari                         |        |  |  |
| Special Instructions to  | rning Orncer:                           |        |  |  |
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C. GOLDEN Mar 1 4 2019

# <u>-COVER-LETTER-</u>

| TO: Registration Section   |                                       |
|--|---------------------------------------|
| - Division of Corporations   |                                       |
| E&E ACQUISITIONS, LLC  |                                       |
| Name of Limited Liability Company  |                                       |
| DOCUMENT NUMBER: L15000164190  |                                       |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing. | e are submitted                       |
| Please return all correspondence concerning this matter to the following:                        |                                       |
| Krystal Beckner  |                                       |
| Name of Person   |                                       |
| COGENCY GLOBAL INC.  |                                       |
| Name of Firm/Company   |                                       |
| 850 New Burton Rd., Suite 201  |                                       |
| Address  | • • • • • • • • • • • • • • • • • • • |
| Dover, DE 19904  | •                                     |
| City/State and Zip Code  |                                       |
| E-mail address: (to be used for future annual report notification)                               |                                       |
|  | •                                     |
| For further information concerning this matter, please call:                                     |                                       |
| Invoices Team at ( 866 ) 621-3524  |                                       |
| Name of Person Area Code Daytime Telephone Number  | :r                                    |

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

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

| •  |   |                     |                 |                    |        |
|--|---|---------------------|-----------------|--------------------|--------|
| Pursuant to the provisions of section 605.011  | 5, Florida Statutes, the under  | signed,             | •               |                    |        |
| COGENCY GLOBAL, INC.                           |   | harahy raciona ac   | •               |                    |        |
| Name of Registered Ager                        | nt  | hereby resigns as   |                 |                    |        |
| Registered Agent for E&E ACQUISITION           | IS, LLC   |                     | i<br>I          |                    |        |
| registered Agent for                           |   |                     | 1               |                    |        |
| Name of Lim                                    | ited Liability Company  |                     | :               |                    | 1      |
| L15000164190                                   |   |                     | ,               |                    |        |
| Document Number, if known                      |   |                     | į               |                    |        |
| A copy of this resignation was mailed to the a | bove listed limited liability of  | company at its last | known add       | dress.             |        |
| The agency is terminated and the office disco  | ntinued on the 31st day after   | the date on which   | this staten     | nent is            | filed. |
| Ka   | ystal Beckner Signature of Resigning Agent  |                     |                 |                    |        |
|  | Signature of Resigning Agent  |                     | <u> </u>        |                    |        |
| If signing on behalf of an entity:             |   |                     |                 |                    |        |
| Krystal Beckne                                 | r   |                     |                 |                    |        |
|  | yped or Printed Name<br>ary, COGENCY GLO  | BAL INC.            | <del>_</del> .  | 2019               |        |
|  | Capacity  |                     | 1               | <b>X</b>           |        |
| FILING<br>\$ 85.00<br>\$ 25.00                 | FEES:<br>Active limited liability co<br>Administratively dissolve<br>withdrawn limited liabilit | d/voluntarily dis:  | AHASSEE, POLICE | 019 MAR -4 PM 1:15 |        |

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