L15000210925

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	-
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	225

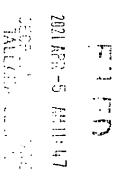
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COVER LETTER

SUBJE	CUBEBUILDERS II, LLC				
	Name of Limited Liability	Company			
DOCU	MENT NUMBER: L15000210925				
The end for filir	closed Resignation of Registered Agent for a Limited ng.	Liability Company and fee are	e subm	itted	
Please	return all correspondence concerning this matter to th	ne following:			
Kristi	e Tolliver				
	Name of Person				
COGI	ENCY GLOBAL INC.				
	Name of Firm/Company				
850 N	lew Burton Rd., Suite 201				
	Address				
Dover	, DE 19904	; -		217	
	City/State and Zip Code	[- - 1 ·		2921 L EC	. t=
) 1	- 1.
E-r	nail address: (to be used for future annual report notification)	· ·	•		-
For fur	ther information concerning this matter, please call:	!		: :	ڙڙ
Invoice	es Team at (866) 621-3524			
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	undersigned.	
COGENCY GLOBAL INC, hereby resigns		
Name of Registered Agent		
Registered Agent for CUBEBUILDERS II, LLC		
Name of Limited Liability Company		,
L15000210925		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liab	oility 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.
Kristia Tolk Signature of Resigning A		202
If signing on behalf of an entity:		2021 APR -
Kristie Tolliver		i.: 1
Typed or Printed Name Assistant Secretary, COGENCY C	GLOBAL INC.	

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company