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TO: Registration Section Division of Corporations	
PESG OF ORANGE COUNTY	
Name of Li	mited Liability Company
DOCUMENT NUMBER: L16000071573	
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning th	is 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 repor	1 notification)
For further information concerning this matter.	please call:
Invoices Team	17 866 1621 3524
Name of Person	t (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Furstiant to the provisions of section 605.0115, Florida Sta	itutes, the undersigned.
COGENCY GLOBAL INC.	, hereby resigns as
Name of Registered Agent	, ricresy resigns as
Registered Agent for PESG OF ORANGE COUNT	Y, LLC
Name of Limited Liability C	ompany .
L16000071573	
Document Number, if known	
A copy of this resignation was mailed to the above listed li The agency is terminated and the office discontinued on the Krystal E Signature of F	ne 31st day after the date on which this statement is filed
Signature of F If signing on behalf of an entity: Krystal Beckner	
Typed or Printed Assistant Secretary, COGE	Name n = a
Capacity	Em b

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Make checks payable to Florida Department of State and mail to:

FILING FEES:

\$ 85.00 \$ 25.00