## L16000077815

(F	Requestor's Name)	<u> </u>
( <i>F</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates of	Status
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STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

**Division of Corporations** 

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

## 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 as	
Name of Registered Agent		
Registered Agent for PANZOR, LLC		
Name of Limited Liability Company	<del></del>	
Name of Emined Flaority Company		
L16000077815	1	
Document Number, if known		
The agency is terminated and the office discontinued on the 31st  Krystal Beck	•	
Signature of Resignin	g Agent	
If signing on behalf of an entity:	DI9HAR	
Krystal Beckner	en la conserva	
Typed or Printed Name Assistant Secretary, COGENCY	Y GLOBAL INC.	
Capacity	Y GLOBAL INC.	

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

Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00

\$ 25.00

Tallahassee, FL 32314