## 117000003250

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## **COVER LETTER**

TO: Re	egistration Section ivision of Corporations	
SUBJEC		
DOCUM	Name of Name o	of Limited Liability Company 50
The enclor for filing.		gent for a Limited Liability Company and fee are submitted
Please ret	urn all correspondence concernir	ng this matter to the following:
Kristie	Tolliver Name of Person	
COGEN	NCY GLOBAL INC. Name of Firm/Company	
850 Nev	Burton Rd., Suite 201 Address	
Dover, I	DE 19904 City/State and Zip Code	<del>.</del>
	I address: (to be used for future annual)	
For furthe	er information concerning this ma	atter, please call:
Invoices	Team Name of Person	at ( <u>866</u> ) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed liability co liability co	ompany or \$25.00 for an adminis	lorida Department of State for \$85,00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited
	G ADDRESS:	STREET ADDRESS:
_	on Section of Corporations	Registration Section Division of Corporations
•		to the same of the

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provis	ions of section 605.0115, Flo	orida Statutes, the und	lersigned.	2
COGENCY GLOBAL INC.  Name of Registered Agent			hereby resigns as	NOT SEA
Registered Agent for	SESCO CEMENT FLOR	RIDA LLC		نه .
<u>.</u>				P) :
	Name of Limited Li	iability Company		نن .
L17000003250				- to
Document	Number, if known			
		·	er the date on which this s	
If signing on behalf of	l'an entity:			
	Kristie Tolliver			
	Typedo Assistant Secretary, (	r Printed Name COGENCY GLO	OBAL INC.	
	Сар	pacity		
	FILING FEE:	<u>S:</u>		

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

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withdrawn limited liability company

Tallahassee, FL 32314