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| (Requestor's Name)                      |                    |             |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
|   |                    |             |  |
| (Business Entity Name)                  |                    |             |  |
|   |                    |             |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | Certificate:       | s of Status |  |
|   | _                  |             |  |
| Special Instructions to Filing Officer: |                    |             |  |
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### **COVER LETTER**

| P: Registration Section Division of Corporations  |                     |
|---|---------------------|
| Gengel & Company, LLC   |                     |
| Name of Limited Liability Company   |                     |
| DCUMENT NUMBER: L18000025276  |                     |
| e enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sul-<br>filing.  | omitted             |
| ease return all correspondence concerning this matter to the following:   |                     |
| nited States Corporation Agents, Inc.   |                     |
| Name of Person  |                     |
| egalzoom.com, Inc.  |                     |
| Name of Firm/Company  |                     |
| 900 Spectrum Dr.  |                     |
| Address   |                     |
| ustin, TX 78717   |                     |
| City/State and Zip Code   |                     |
|   |                     |
| E-mail address: (to be used for future annual report notification)  |                     |
| r further information concerning this matter, please call:  |                     |
| Name of Person at ( 1 800 ) 773-0888 x3950   Area Code   Daytime Telephone Number   |                     |
| Name of Person Area Code Daytime Telephone Number   |                     |
| closed is a check made payable to the Florida Department of State for \$85.00 for an active I bility company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdra bility company. | imited<br>wn limite |

## 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 provision              | ons of section 605.0115, Florida Statutes, the unders  | igned,   |
|--|--|--|
| United States Corporation Agents, Inc. |  | hereby resigns as                              |
|  | Name of Registered Agent   | nereby resigns as                              |
| Registered Agent for                   | Sengel & Company, LLC  |  |
|  | Name of Limited Liability Company  | ·  |
| L18000025276                           |  |  |
| Document N                             | umber, if known  |  |
| A copy of this resignati               | on was mailed to the above listed limited liability co   | ompany at its last known address.              |
| The agency is terminate                | ed and the office discontinued on the 31st day after the signature of Resigning Agent                              | the date on which this statement is filed      |
| If signing on behalf of a              | in entity:   | 罗  |
| Cheyenne Moseley                       |  | W 24 /   |
|  | Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.                                   |  |
|  | Capacity   |  |
|  | FILING FEES: \$ 85.00 Active limited liability con \$ 25.00 Administratively dissolved withdrawn limited liability | npany<br>/ voluntarily dissolved/<br>/ company |

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