## 118000053409

| (Re                                     | questor's Name)   |             |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            |             |  |
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| (Cit                                    | y/State/Zip/Phone | e #)        |  |
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## **COVER LETTER**

| TO: Ro                                     | egistration Section<br>vision of Corporations  |   |
|--|--|---|
| SUBJEC                                     | SEAROCK RESOURCES LLC  |   |
|  | Name of Limi   | ited Liability Company  |
| DOCUM                                      | ENT NUMBER: L18000053409   |   |
| The enclo<br>for filing.                   | sed Resignation of Registered Agent fo   | or a Limited Liability Company and fee are submitted  |
| Please ret                                 | urn all correspondence concerning this   | matter to the following:  |
| Kristie                                    | l'olliver l'alle |   |
|  | Name of Person   | <del></del>   |
| COGEN                                      | Name of Firm/Company   |   |
| 850 Nev                                    | v Burton Rd., Suite 201  |   |
|  | Address  |   |
| Dover, D                                   | DE 19904   |   |
|  | City/State and Zip Code  |   |
| E-mai                                      | l address: (to be used for future annual report r  | notification)   |
| For furthe                                 | r information concerning this matter, p  | olease call:  |
| Invoices                                   | Team at (  | ( 866 ) 621-3524  |
|  | Name of Person   | Area Code Daytime Telephone Number  |
| Enclosed<br>liability co-<br>liability co- | ompany or \$25.00 for an administrative  | Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn limited |
| MAILIN                                     | G ADDRESS:   | STREET ADDRESS:   |

Division of Corporations P.O. Box 6327

Registration Section

Tallahassee, FL 32314

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 31, 2020

KRISTIE TOLLIVER C/O COGENCY GLOBAL INC. 850 NEW BURTON ROAD #201 DOVER, DE 19904

SUBJECT: SEAROCK RESOURCES LLC

Ref. Number: L18000053409

We have received your document and check(s) totaling \$680.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00002379

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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

| Pursuant to the provisions of section 605.0115. Fig | orida Statutes, the undersigned.  |                     |       |
|---|---|---------------------|-------|
| COGENCY GLOBAL INC.                                 | , hereby resigns as   | , hereby resigns as |       |
| Name of Registered Agent                            | <u></u>   |                     |       |
| Registered Agent for SEAROCK RESOURCE               | ES LLC  |                     |       |
| Name of Limited I.                                  | iability Company  | ·                   |       |
| L18000053409  |   |                     |       |
| Document Number, if known                           |   |                     |       |
| The agency is terminated and the office discontinu  | e listed limited liability company at its last known a ned on the 31st day after the date on which this state.  Office American Agent |                     | īled. |
| If signing on behalf of an entity:                  |   | 2020 FEB            |       |
| Kristie Tolliver                                    |   | ابر 😅               |       |
| · ·   | or Printed Name COGENCY GLOBAL INC.   | E8 14               | • !   |
| C   | apacity   |                     | -31   |
| FILING FEI<br>\$ 85.00 Ac<br>\$ 25.00 Ac            | ES:<br>ctive limited liability company<br>dministratively dissolved/ voluntarily dissolved/<br>ithdrawn limited liability company     | AH 9: 29            |       |

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