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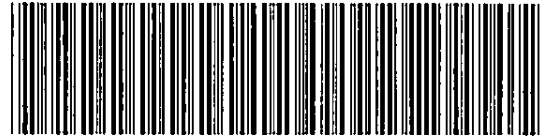
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COX RISK MANAGEMENT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000358325

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Baruch

Name of Person

Universal Registered Agents, Inc.

Name of Firm/Company

12900 Metcalf Ave., Suite 140

Address

Overland Park, KS 66213

City/State and Zip Code

bbaruch@uragents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Baruch

913

349-1491

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Universal Registered Agents, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for COX RISK MANAGEMENT LLC

Name of Limited Liability Company

L20000358325

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Bryan Baruch

Signature of Resigning Agent

If signing on behalf of an entity:

Bryan Baruch

Typed or Printed Name

Secretary

Capacity

FILING FEES:

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL