

121000282407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

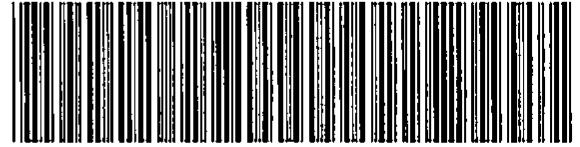
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TO: Registration Section
Division of Corporations

Sigma Global Group, LLC

SUBJECT: _____
Name of Limited Liability Company

1.21000282407

DOCUMENT NUMBER: _____

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:

George W. Kramer

Name of Person

Name of Firm/Company

16215 Cabernet Drive

Address

Delray Beach, FL 33446

City/State and Zip Code

schadha@iconglobaltrading.com

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

For further information concerning this matter, please call:

Sanjay Chadha

516

578-7697

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

George W. Kramer

_____, hereby resigns as

Name of Registered Agent

Sigma Global Group, LLC

Registered Agent for _____

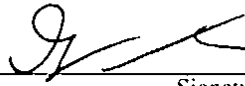
Name of Limited Liability Company

L21000282407

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2021 DEC 10 AM 10:56
SECRET
TALLAHASSEE, FL

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