## M09000000 a 534

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





300359581873

02/19/21--01025--015 \*\*\$12.50

FILED

2021 FEB 19 PM 1: 39

SECRETARY OF STATE

SECRETARY OF STATE

4119121

## **COVER LETTER**

ivision of Corporations
BOOTS SMITH OILFIELD SERVICES, LLC
T:Name of Limited Liability Company
ENT NUMBER: M09000002534
sed Resignation of Registered Agent for a Limited Liability Company and fee are submitted
urn all correspondence concerning this matter to the following:
Tolliver Tolliver
Name of Person
NCY GLOBAL INC.
Name of Firm/Company
v Burton Rd., Suite 201
Address
DE 19904
City/State and Zip Code
l address: (to be used for future annual report notification)
er information concerning this matter, please call:
Team at ( 866 ) 621-3524
Name of Person at ( <u>866</u> ) 621-3524  Area Code Daytime Telephone Number

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

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

COGENCY GLOBAL INC.

Name of Registered Agent

Registered Agent for BOOTS SMITH OILFIELD SERVICES, LLC

Name of Limited Liability Company

M09000002534

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:

Document Number, if known

Kristie Tolliver

Typed or Printed Name

Assistant Secretary, COGENCY GLOBAL INC.

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withdrawn limited liability company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, F1, 32314