M110000004038

Office Use Only



700340388057

02/10/20--01007--002 **\$82.50

FILED

1020 FEB 10 PM 3: 42

RAIRES

MAR () 6 2020 I ALBRITTON

COVER LETTER

SUBJECT: GBS WARRANTY SERVI	
	of Limited Liability Company
DOCUMENT NUMBER: M11000004	038
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to the following:
Kristie Tolliver	
Name of Person	
COGENCY GLOBAL INC.	
Name of Firm/Company	<u>'</u>
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Code	
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this r	natter, please call:
Invoices Team	at (- 866) 621_3524
Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department of State for \$85,00 for an active limited sistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	ersigned.
COGENCY GLOBAL INC.	, hereby resigns as
Name of Registered Agent	
Registered Agent for GBS WARRANTY SERVICES, LLC	78 7
Name of Limited Liability Company	
M11000004038	PH 3: 42
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	
The agency is terminated and the office discontinued on the 31st day after	er the date on which this statement is filed.
Hustie Tollwer Signature of Resigning Agent	
If signing on behalf of an entity:	
Kristie Tolliver	
Typed or Printed Name	
Assistant Secretary, COGENCY GLO	DBAL INC.
Capacity	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company