

M12 00000 1123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000312092320

04/30/18--01046--015 **60.00

2018 APR 30 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELESCOPE PICTURES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M12000001123

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:

GRETCHEN MCDOUGAL

Name of Person

COGENCY GLOBAL INC.

Name of Firm/Company

850 NEW BURTON ROAD, SUITE 201

Address

DOVER, DE 19904

City/State and Zip Code

SOP@COGENCYGLOBAL.COM

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

For further information concerning this matter, please call:

GRETCHEN MCDOUGAL

Name of Person

at (518) 213-0728

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

COGENCY GLOBAL INC.

Name of Registered Agent

hereby resigns as

Registered Agent for TELESCOPE PICTURES, LLLC

Name of Limited Liability Company

M12000001123

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:

GRETCHEN MCDOUGAL

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILED
2018 APR 30 PM 5:23
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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