

M12600002710

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(Requestor's Name)

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(City/State/Zip/Phone #)

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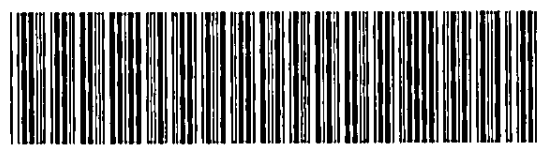
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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D BRUCE  
SEP 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SGN Acquisition Company LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M12000002710

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:

Aimee Christo

Name of Person

SGN Acquisition Company LLC

Name of Firm/Company

PO Box 1927

Address

Carlsbad, CA 92018

City/State and Zip Code

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

For further information concerning this matter, please call:

Aimee Christo

Name of Person

at (760) 994-5085

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2018 SEP 17 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

InCorp Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for SGN Acquisition Company LLC

Name of Limited Liability Company

M12000002710

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.

Megan Bessey  
Signature of Resigning Agent

If signing on behalf of an entity:

Megan Bessey for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

**FILED**  
2018 SEP 17 AM 8:24  
CLERK OF COURT  
TALLAHASSEE FLORIDA

**FILING FEES:**

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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