

M130000000728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

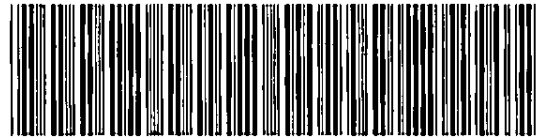
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



000304434280

10/17/17--01014--001 **595.00

FILED
17 OCT 16 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

S WARREN

OCT 18 2017

2017 OCT 16 AM 8:20

TALLAHASSEE, FLORIDA

25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHADY HARBOR HOLDING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M13000000728

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:

Amanda Archambault
Name of Person

COGENCY GLOBAL INC.
Name of Firm/Company

850 New Burton Rd Suite 200
Address

Dover, DE 19904
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault at (866) 621-3524 ext. 3041
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 SHADY HARBOR HOLDING, LLC
Name of Limited Liability Company

M13000000728
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.

A Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault
Typed or Printed Name
Assistant Secretary
Capacity

FILED
17 OCT 16 PM 2:11
DIVISION OF STATE
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