113000002432

(Re	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

SUBJECT: Name of Limited Liability	y Company
DOCUMENT NUMBER: M13000002432	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Gretchen McDougal	
Name of Person	_
COGENCY GLOBAL INC	
Name of Firm/Company	_
850 New Burton Rd., Suite 201	
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:	
Gretchen McDougal	621.3524
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	
MAILING ADDRESS: STRE	ET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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 ur	ndersigned,	192 6
COGENCY GLOBAL INC.	, hereby resigns as	
Name of Registered Agent	: Hereby resigns as	7 7 7
Registered Agent for UDIG, LLC		
		22
Name of Limited Liability Company		1.22
M13000002432		**
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabil	ity company at its last kno	own address.
The agency is terminated and the office discontinued on the 31st day a	after the date on which this	s statement is filed.
Signature of Resigning Ages	nt	
If signing on behalf of an entity:		
Gretchen McDougal		
Typed or Printed Name		
Assistant Secretary		
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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, FL 32314