# M/300000 3410

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400346777204



2020 JUN 29 AM 10: 37
SECRETARY OF STATE

D. BRUCE AUG 1 5 2020

## **COVER LETTER**

FEC HOLDINGS, LLC **SUBJECT:** Name of Limited Liability Company M13000003410 DOCUMENT NUMBER: 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: RESIGNATION DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 80 STATE STREET Address ALBANY NY 12207 City/State and Zip Code RESIGN@CACGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

### **Street Address:**

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

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

Pursuant to the provisi	ons of section 605.0115, Florida Stat	utes, the undersigned,			
CORPORATION SERVIE COMPANY		hereby resigns as	, hereby resigns as		
<del></del>	Name of Registered Agent	neroey remgini iii			
Registered Agent for _	FEC HOLDINGS, LLC				
	Name of Limited Liability Co	mpany		;	
M13000003410					
Document !	Number, if known				
A copy of this resignat	ion was mailed to the above listed lin	nited liability company at its last l	known add	ress.	
The agency is terminal	ed and the office discontinued on the	: 31st day after the date on which	this statem	ent is f	filed.
	Robert Signature of Ro	esigning Agent			
If signing on behalf of an entity:		SEC:	2020 JUN 29	. 150,000	
	BY ROBIN MOLT		4	Ħ	. Howe
	Typed or Printed ?	Name	32.5	29	
	ASST SECRETARY FOR THE AG	ENT	888 88.	2	, ,
	Capacity			AM 10: 3	J

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