## M1400001631

	•	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
3: 28	Office Use Only	



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: SONOS ALERT, LLC	ame of Limited Liability	Company	_		
DOCUMENT NUMBER: M140000	•	Company			
The enclosed Resignation of Register for filing.		Liability Company and fee a	re submitted		
Please return all correspondence conc	erning this matter to th	ne following:			
Amanda Archambault					
Name of Person					
COGENCY GLOBAL INC.					
Name of Firm/Comp	any				
850 New Burton Rd Suite 200					
Address					
Dover, DE 19904					
City/State and Zip C	ode				
E-mail address: (to be used for future ar	nnual report notification)				
For further information concerning th	is matter, please call:				
Amanda Archambault	866	621-3524 ext. 3041			
Name of Person	Area Code	) Daytime Telephone Number	-		
Enclosed is a check made payable to t liability company or \$25.00 for an addiability company.	he Florida Department ministratively dissolved	of State for \$85.00 for an ac d. voluntarily dissolved or wi	tive limited thdrawn limited		
MAILING ADDRESS:		T ADDRESS:			
Registration Section	_	Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations  Hifton Building			
Tallahassee, FL 32314		roung Recutive Center Circle			
	ssee, FL 32301				

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

Pursuant to the provisi-	ons of section 605.011	15, Florida Statutes, the u	indersigned.			
COGENCY GLOBAL INC.		hereby resigns as	, hereby resigns as			
Name of Registered Agent			Hereby Rongins an			
Registered Agent for	SONOS ALERT, L	LC				
		nited Liability Company				,•
	Name of Lan	писа главину Сотрану				
M14000001631						
Document N	Jumber, if known	<del></del>				
A copy of this resignat	ion was mailed to the	above listed limited liabi	lity company at its last	t known ac	ldress.	
The agency is terminat	ed and the office disco	ontinued on the 31st day a	after the date on which	n this state	ment is	s filed.
	AAnc	hombul Signature of Resigning Age				
		oge gimigicon to ominigio	,iii	794 78- ye 12- 1	2017	
If signing on behalf of an entity:				0	i	
	Amanda Archar	mbault		**		. سطانانه - چه چ
		Typed or Printed Name		•	2	9
Assistant Secretary			7		•	
		Capacity			<u> </u>	
					€a ir3	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily dis: ibility company	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314