

**114000006718**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

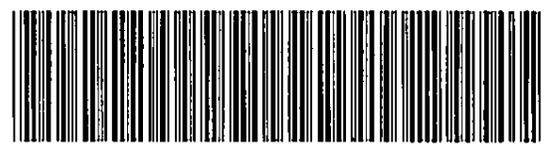
(Business Entity Name)

(Document Number)

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2018 SEP -4 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

*FJS*  
*9-12-18*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN SURETY BONDS AGENCY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000006718

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:

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 at ( 866 ) 621.3524  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Name of Registered Agent

Registered Agent for AMERICAN SURETY BONDS AGENCY, LLC

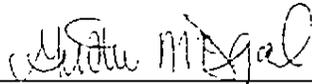
Name of Limited Liability Company

M14000006718

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Gretchen McDougal

Typed or Printed Name

Assistant Secretary

Capacity

**FILED**  
2018 SEP -4 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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