

M14 0000007179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

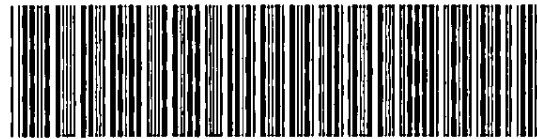
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\$85

Office Use Only



600363055186

RECEIVED

APR 02 2021

04/05/21--0004--1001 --1--5,000

2021 APR -5 AM 11:47  
FELLSVILLE, PA  
600363055186

D. BRUCE  
MAY 23 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOOTS SMITH COMPLETION SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M14000007179

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:

Kristie Tolliver

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:

Invoices Team

Name of Person

at ( 866 ) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2021 APR -5 AM 11:47  
TALLAHASSEE, FL  
CLERK OF COURT

## 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 BOOTS SMITH COMPLETION SERVICES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M14000007179

\_\_\_\_\_  
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.

Kristie Tolliver

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Kristie Tolliver

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary, COGENCY GLOBAL INC.

\_\_\_\_\_  
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

2017-5 APR 17  
10:00 AM  
10:00 AM