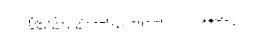
## M15000002858

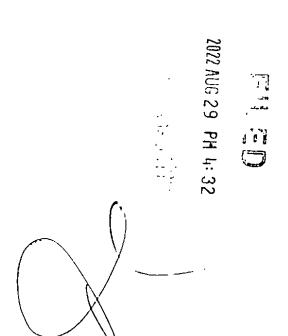
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

SUBJECT: SPECIALTY ADMINISTRATION Name of Li	ON SERVICES LLC imited Liability Company		
DOCUMENT NUMBER: M15000002858			
<del></del>	t for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning th	his matter to the following:		
LaToya White			
Name of Person	<del></del>		
COGENCY GLOBAL INC.			
Name of Firm/Company	20		
850 New Burton Rd., Suite 201	2022 AUG		
Address	· · · · · · · · · · · · · · · · · · ·		
Dover, DE 19904			
City/State and Zip Code	PH 4: 32		
E-mail address: (to be used for future annual report			
For further information concerning this matter	t please call:		
Invoices Team	at ( <u>866</u> ) <u>621-3524</u> Area Code Daytime Telephone Number		
Name of Person	Area Code Daytime Telephone Number		
	da Department of State for \$85.00 for an active limited ively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

INHS17 (2/14)

TO: Registration Section Division of Corporations

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

Pursuant to the provisions of section 605.01	15, Florida Statutes, the undersigned.	
Cogency Global Inc.	, hereby resigns as	
Name of Registered Ag		
Registered Agent for <u>SPECIALTY ADMINIS</u>	TRATION SERVICES LLC	
Name of Li	mited Liability Company	
M15000002858		
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 disc	ontinued on the 31st day after the date on which this sta	tement is filed.
	LaToya White Signature of Resigning Agent	
If signing on behalf of an entity:	•	
LaToya White		
	Typed or Printed Name tary, COGENCY GLOBAL INC.	2022 ALIG
<del></del>	Capacity	1629
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	PH 4: 32

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