M15 CCCCC6361

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C. GOLDEN NOV - 5 2020

COVER LETTER

TO: Registration Section Division of Corporations	
CARROLLWOOD STATIC SUBJECT:	
Name	of Limited Liability Company
DOCUMENT NUMBER: M15000006	361
The enclosed Resignation of Registered a for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ing 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 annua	al report notification)
For further information concerning this n	natter, 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
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Department of State for \$85.00 for an active limited istratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
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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 CARROLLWOOD STATION LLC	
Name of Limited Liability Company	 ,
M15000006361	
Document Number, ii'known	
A copy of this resignation was mailed to the above listed limited liability company at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date on which this s	tatement is filed
Kristis Tolliver Signature of Resigning Agent	
If signing on behalf of an entity:	r i
Kristie Tolliver	~
Typed or Printed Name Assistant Secretary, COGENCY GLOBAL INC.	.53
Capacity	- <u>- :</u>
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### FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved withdrawn limited liability company	1

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

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