M150000008768

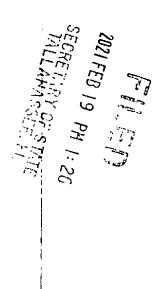
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
•	,	,		
(LC	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				

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COVER LETTER

BOOTS SMITH PIPELINE :	SERVICES, LLC	
Name o	of Limited Liability Company	
DOCUMENT NUMBER: M150000087	68	
	gent for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning	ng 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)		
For further information concerning this ma	itter, please call:	
Invoices Team	ar (- 866 -) 621-3524	
Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.	lorida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn limited	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	

TO: Registration Section Division of Corporations

FILED

STATEMENT OF RESIGNATION OF REGISTER PLANT 1: 26 FOR A LIMITED LIABILITY COMPANY TALLAHASSEE, FL

Pursuant to the provisions	of section 605.0115, Florida	s Statutes, the undersigned,
COGENCY GLOBAL	INC.	. hereby resigns as
	ame of Registered Agent	
Registered Agent for BOC	OTS SMITH PIPELINE	SERVICES, LLC
	Name of Limited Liabil	ity Company
M15000008768		
Document Numb	per, if known	
		ed limited liability company at its last known address. on the 31st day after the date on which this statement is filed.
_		e of Resigning Agent
If signing on behalf of an e	entity:	
K	Cristie Tolliver	
- As	Typed or Pr ssistant Secretary, CC	OGENCY GLOBAL INC.
_	Capaci	y .

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