## M160000000 662

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## **COVER LETTER**

Division of Corporations PROFESSIONAL EDUCATIONAL SERVICES GROUP, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: M16000000662 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: Krystal Beckner 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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Registration Section

## 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 a	as
Name of Registered Agent	
Registered Agent for PROFESSIONAL EDUCATIONAL SERVICES GROUP	, LLC
Name of Limited Liability Company	·
M16000000662	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its la	ist known address.
The agency is terminated and the office discontinued on the 31st day after the date on which	ch this statement is filed.
Krystal Beckner Signature of Resigning Agent	22
Signature of Resigning Agent	<b>19</b> Sta
If signing on behalf of an entity:	
Krystal Beckner	<b>公立</b>
Typed or Printed Name Assistant Secretary, COGENCY GLOBAL INC.	E STATE Controlled
Capacity	žž ő

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00