## M17000003079

	(Red	questor's Name)	
	(Add	dress)	
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	(City	y/State/Zip/Phon	e #)
PIC	CK-UP	☐ WAIT	MAIL
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	(Do	cument Number	)
Certified Copie	s	Certificate	s of Status
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SECRETARY OF STATE
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## **COVER LETTER**

то:	Registration Section Division of Corporations	•			
SUBJ	ECT:	JTIONS, LLC ne of Limited Liability Company			
DOCU	UMENT NUMBER: M1700000	• • •			
	nclosed Resignation of Registered	Agent for a Limited Liability Company and	fee are submitted		
Please	return all correspondence concer	ning this matter to the following:			
Krist	ie Tolliver				
•	Name of Person				
COG	SENCY GLOBAL INC.				
	Name of Firm/Compar	i,			
850 N	New Burton Rd., Suite 201 Address				
Dove	r, DE 19904 City/State and Zip Cod	e e			
E-	mail address: (to be used for future ann	ial report notification)			
For fu	rther information concerning this	matter, please call:			
Invoic	es Team	at ( - 866 - ) 621-3524			
	Name of Person	at ( <u>866</u> ) <u>621-3524</u> Area Code Daytime Telephone Nu	mber		
liabilit	sed is a check made payable to the cy company or \$25.00 for an admi cy company.	e Florida Department of State for \$85.00 for nistratively dissolved, voluntarily dissolved	an active limited or withdrawn limited		
MAII.	ING ADDRESS:	STREET ADDRESS:			
_	Registration Section Registration Section				
	Division of Corporations  Division of Corporations				
	30x 6327 assee, FL 32314	Clifton Building			
tanan	assec, FL 52514	2661 Executive Center Circle Tallahassee, FL 32301			
		+ GIIGHGOOGG L L. ジニンバー			

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

Pursuant to the provisions of section of	505.0115, Florida Statu	tes, the undersigned,			
COGENCY GLOBAL, INC.		-			
Name of Regist	-	, hereby resigns as	;		
Registered Agent for GUARDIAN	AUTO SOLUTIONS	3, LLC			
Nan	ne of Limited Liability Com	pany		·	
M17000003079					
Document Number, if known	<del></del>				
A copy of this resignation was mailed	to the above listed limi	ited liability company at its last	t known ad	ldress.	
The agency is terminated and the office	e discontinued on the 3	Blst day after the date on which	n this stater	ment is	filed.
	Kristis 7 Signature of Resi	Tolliver			
If signing on behalf of an entity:					
Kristie To	lliver				
Assistant S	Typed or Printed Nar ecretary, COGEN	CY GLOBAL INC.			
<del></del>	Capacity				
\$ 8	LING FEES: 35.00 Active limited 25.00 Administrativ withdrawn lin	f liability company cly dissolved/ voluntarily diss nited liability company	LAHA	2020 SEP - 1	
Make check	s payable to Florida Dep Division of Corp P.O. Box 6		OF ST	PM 4:	

Tallahassee, FL 32314