M17000003525

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

Office Use Only



700331077597

19 JUL - 1 AN 9: 01 SECRETARY OF STATE FALL CHASSET - FLORIDA

JR 15718 **T 8CHROEDE**R

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	VE SERVICES GROUP, LLC
DOCUMENT NUMBER: M170000	
The enclosed Resignation of Registers for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to the following:
Krystal Beckner	
Name of Person	
COGENCY GLOBAL INC.	
Name of Firm/Comp	any
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904 City/State and Zip Co	ode
E-mail address: (to be used for future an	nnual report notification)
For further information concerning this	is matter, please call:
Invoices Team	or (- 866 -) 621-2524
Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to t liability company or \$25.00 for an adriability company.	the Florida Department of State for \$85.00 for an active limited ministratively dissolved, voluntarily dissolved or withdrawn limited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
rananassee, rr. 52514	Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115. Florida Statutes, the undersigned,	
COGENCY GLOBAL INC.	hereby resigns	as
Name of Register		
Registered Agent for PESG ADMIN	ISTRATIVE SERVICES GROUP, LLC	
Name	of Limited Liability Company	·
M17000003525		
Document Number, if known		
•	o the above listed limited liability company at its land discontinued on the 31st day after the date on whi	
	Krystal Beckner Signature of Resigning Agent	F II 19 JUL - SLUNCIA VALVANAS
If signing on behalf of an entity:		-
Krystal Be	ckner	
Assistant Se	Typed or Printed Name ecretary, COGENCY GLOBAL INC.	
	Capacity	0m . <u>=</u> >>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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