m18000000617

(Red	questor's Name)	
————(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Cartificates	of Statue
Certified Copies	Certificates	o o status
Special Instructions to I	Filing Officer:	
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C. GOLDEN MAR 1 4 2019

COVER LETTER

TO: Registration Section Division of Corporations	
STAGE 2 NETWORKS	3, LLC
	ame of Limited Liability Company
DOCUMENT NUMBER: M180000	000617
The enclosed Resignation of Register for filing.	red Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conc	erning this matter to the following:
Krystal Beckner	
Name of Person	
COGENCY GLOBAL INC. Name of Firm/Comp	pany
850 New Burton Rd., Suite 201	
Dover, DE 19904 City/State and Zip C	Code
E-mail address: (to be used for future a	nnual report notification)
For further information concerning th	nis matter, please call:
Invoices Team Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to liability company or \$25.00 for an adliability 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	the Florida Department of State for \$85.00 for an active limited ministratively dissolved, voluntarily dissolved or withdrawn limited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	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

COGENCY GLOBAL, INC. hereby resi	ens as
Name of Registered Agent	ļ
Registered Agent for STAGE 2 NETWORKS, LLC	
	,
Name of Limited Liability Company	
	t .
M1800000617	•
Document Number, if known	1
A copy of this resignation was mailed to the above listed limited liability company at	l its last known addross
	which this statement
The agency is terminated and the office discontinued on the 31st day after the date on Krystal Beckner Signature of Resigning Agent	which this statement
Krystal Beckner Signature of Resigning Agent	which this statement
Krystal Beckner Signature of Resigning Agent	which this statement
Krystal Beckner Signature of Resigning Agent	· ·
Krystal Beckner Signature of Resigning Agent If signing on behalf of an entity: Krystal Beckner	· ·
Krystal Beckner Signature of Resigning Agent If signing on behalf of an entity: Krystal Beckner Typed or Printed Name	· ·
Krystal Beckner Signature of Resigning Agent	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an entity: Krystal Beckner Typed or Printed Name Assistant Secretary, COGENCY GLOBAL INC	

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

INHS17 (2/14)