## M18 0000 11251

(Re	questor's Name)				
(Ad	dress)	<del></del>			
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		\$25			

Office Use Only

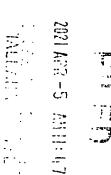


900363055239

RECEIVED

APR 0 2 2021

04/05/21--01024--562 (李)--5.29



Ond 23 tot

## **COVER LETTER**

TO: Registration Section Division of Corporations			
DELUX RAILING LLC			
Name of I	Limited Liability Cor	npany	
DOCUMENT NUMBER: M18000011251			
The enclosed Resignation of Registered Age for filing.	nt for a Limited Lia	ibility Company and fee are	submitted
Please return all correspondence concerning	this matter to the fo	ollowing:	
Kristie Tolliver			
Name of Person	<del></del>		
COGENCY GLOBAL INC.  Name of Firm/Company			
850 New Burton Rd., Suite 201			
Dover, DE 19904			2
City/State and Zip Code			2021 802
E-mail address: (to be used for future annual rep	ort notification)	Fart Control	: (1)
For further information concerning this matter	er, please call:		77794
Invoices Team  Name of Person	at ( <u>866</u> ) <u>62</u> Area Code Do	21-3524avtime Telephone Number	
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administrational transfer of the floring trans	ida Department of	State for \$85.00 for an activ	ze limited drawn limited
MAILING ADDRESS:	STREET 2	ADDRESS:	
Registration Section	Registratio	n Section	
Division of Corporations		Corporations	
P.O. Box 6327	Clifton Bui	ilding utive Center Circle	
Tallahassee, FL 32314	ative Center Cifete		

Tallahassee, FL 32301

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

Pursuant to the provis	ions of section 605,0115. F	Torida Statutes, the undersig	gned.	
COGENCY GLO	BAL INC.	. he	ereby resigns as	
	Name of Registered Agent			
Registered Agent for	DELUX RAILING LLC			
	Name of Limited	Liability Company		·
M18000011251				
Document	Number, if known	_		
		ve listed limited liability cor		
The agency is termin	ited and the office discontin	nued on the 31st day after th	e date on which this stater	nent is filed.
		stis Tollive gnature of Resigning Agent	<u>r</u>	2021 APO
If signing on behalf o	f an entity:			
	Kristie Tolliver			
		d or Printed Name	AL INC.	
		Capacity	<del></del>	

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