M19000008176

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ANTHYM LOGISTICS, LLC	ited Liability Company	
DOCUMENT NUMBER: M19000008176	неа глаонну Сотрану	
	or a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to the following:	
Kristie Tolliver		
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 i	notification)	
For further information concerning this matter, p	blease call:	
Invoices Team at a	(<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT, 46 FOR A LIMITED LIABILITY COMPANY OF STATE

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

COGENCY GLOBAL INC.

Name of Registered Agent
Registered Agent for

ANTHYM LOGISTICS, LLC

Name of Limited Liability Company

M19000008176

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Kristic Tolliver

Signature of Resigning Agent

If signing on behalf of an entity:

Kristie Tolliver

Typed or Printed Name

Assistant Secretary, COGENCY GLOBAL INC.

Capacity

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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