

M19 000010884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

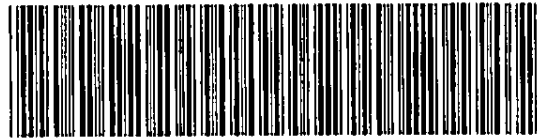
(Business Entity Name)

(Document Number)

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FEB 10 2020

2020 JAN 13 PM 3:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cenrgy LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M19000010884

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Sanchez

Name of Person

N/A

Name of Firm/Company

2600 Cypress Ridge Blvd

Address

Wesley Chapel FL 33544

City/State and Zip Code

erica.m.sanchez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Sanchez 813 965-2903

Name of Person at () Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Erica Sanchez

Name of Registered Agent

, hereby resigns as

Registered Agent for Cenrgy LLC

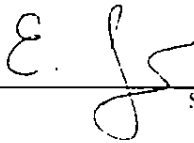
Name of Limited Liability Company

M19000010884

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2020 JUN 13 PM 3:16

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