

# M20000004213

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

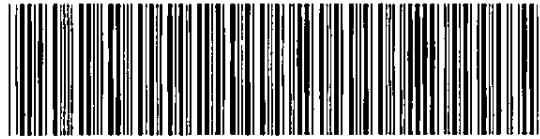
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500440551555

FILED RECEIVED  
2025 FEB -5 AM 11:25 2025 FEB -5 PM 3:45  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 02/05/2025

Name: Cheyenne Davis

Reference #: CGI SOP

Entity Name: CGS Employee LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name

☒ Other AGENT REGISTRATION

Authorized Amount: \$25.00

Signature: *Cheyenne Davis*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGS Employee LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000004213

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:

Kelly Casey

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 notification)

For further information concerning this matter, please call:

SOP Team

Name of Person

at ( 866 ) 621-3524

Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

COGENCY GLOBAL INC., hereby resigns as  
Name of Registered Agent

Registered Agent for CGS Employee LLC

Name of Limited Liability Company

M20000004213

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.

Kelly Casey  
Signature of Resigning Agent

If signing on behalf of an entity:

Kelly Casey

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

FILED  
2025 FEB -5 AM 11:26  
TALLAHASSEE, FLORIDA