

M20000006817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

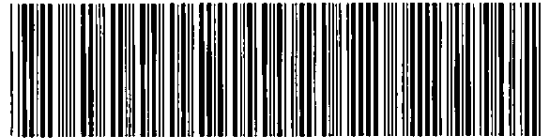
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2025 FEB -5 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2025 FEB -5 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 02/05/2025

Name: Ovidshel Occean Jr.

Reference #: CGI SOP

Entity Name: CGS MANAGING MEMBER, 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:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGS Managing Member, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M20000006817

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Managing Member, LLC

Name of Limited Liability Company

M20000006817

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

FILED
2025 FEB -5 AM 11:34
TALLAHASSEE, FLORIDA

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