

P16000052436

(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



200308536082

02/06/18--01025--001 **407.50

2018 FEB -6 AM 11:00

FEB 08 2018
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAMONN GUNTHER, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P16000052436

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Archambault

(Name of Person)

COGENCY GLOBAL INC.

(Name of Firm/Company)

850 New Burton Rd Suite 200

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault at (866) 621-3524 ext. 3041

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2018 FEB -6 AM 11:00
FILED
CLERK OF COURT
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, COGENCY GLOBAL INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for EAMONN GUNTHER, P.A.

(Name of Corporation)

P16000052436

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

A Archambault

(Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda Archambault

(Typed or Printed Name)

Assistant Secretary

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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