

L11000010853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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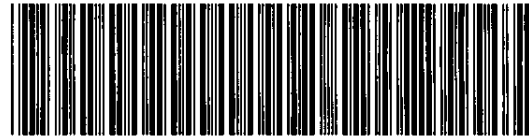
(Business Entity Name)

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TO: Registration Section
Division of Corporations

SUBJECT: M Handling Plus LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000010853

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:

Alexandra Marcoux

Name of Person

The Law Offices of Alexandra Marcoux, P.A.

Name of Firm/Company

2550 N. Federal Highway, Suite 3

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

alexandra@floridavisalaw.com

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

For further information concerning this matter, please call:

Alexandra Marcoux

Name of Person

at (**954**) **341-5454**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

The Law Offices of Alexandra Marcoux, P.A., hereby resigns as

Name of Registered Agent

Registered Agent for **M Handling Plus LLC**


Name of Limited Liability Company

L11000010853

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:

Alexandra Marcoux

Typed or Printed Name

President

Capacity

FILING FEES:

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withdrawn limited liability company

14 JAN 16 AM 10:43
TALLAHASSEE, FL 32314
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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