

L13000115168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

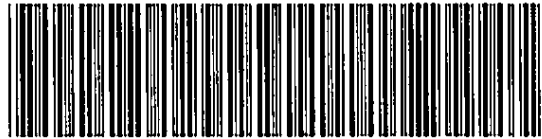
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY -3 PM 5:21

FILED

CLERK OF COURT
JANUARY 1, 1900

C. GOLDEN
MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCI HOLDINGS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000115168

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:

CHRISTIAN GIRALDO

Name of Person

CENTURY 21 CAPITAL BROKERS

Name of Firm/Company

20295 NE 29TH PL SUITE100A

Address

AVENTURA FL 33180

City/State and Zip Code

cgiraldo@capitalbrokersusa.com

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

For further information concerning this matter, please call:

CHRISTIAN GIRALDO at (786) 683 6400

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Capital Brokers LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for MCI HOLDINGS LLC

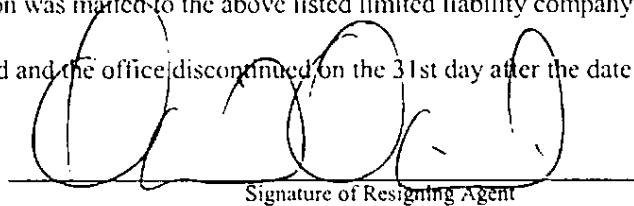
Name of Limited Liability Company

L13000115168

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:

Christian S Giraldo

Typed or Printed Name

MGRM

Capacity

2019 MAY -3 PM 5:21

FILED

FILED
MAY -3 PM 5:21
TALLAHASSEE, FL

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