L18000 204 849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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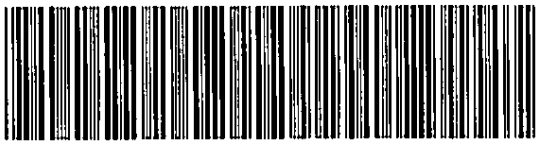

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMB, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000204849

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:

DAVID R. FARBSTEIN, ESQ.
Name of Person

DAVID R. FARBSTEIN, PA
Name of Firm/Company

8551 W. Sunrise Blvd., Ste. 103A
Address

PLANTATION, FL 33322
City/State and Zip Code

david@davidfarbsteinpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R. FARBSTEIN, ESQ. at (954-586-0441
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MOZAHARUL ISLAM , hereby resigns as
Name of Registered Agent

Registered Agent for MIAMB, LLC

Name of Limited Liability Company

L18000204849
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.

X
Signature of Resigning Agent

If signing on behalf of an entity:

Mozaharul Islam
Typed or Printed Name

AMBR
Capacity

2019 SEP 23 PM 2:10

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

INHS17 (2/14)