

P 18000088102

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PRIMEINCOMETAX1@GMAIL.COM

2023 AUG 10 PM 11:19

**REGISTERED AGENT RESIGNATION
MGX BUILDER AND DEVELOPER CORP**

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MGX BUILDER AND DEVELOPER CORP
(Name of Corporation)

DOCUMENT NUMBER: P18000088102

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:

RAFAELA VIEIRA

(Name of Person)

PRIME INCOME TAX AND ACCOUNTING LLC

(Name of Firm/Company)

23269 STATE ROAD 7 SUITE 119

(Address)

BOCA RATON, FL, 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAELA VIEIRA

(Name of Person)

at (561) 409-3106

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PRIME INCOME TAX AND ACCOUNTING LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for MGX BUILDER AND DEVELOPER CORP

(Name of Corporation)

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(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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