Requester's Name	
Address  dity/Sure/Zip  Phine	082774
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) 300031504639 -02/28/0001161001 *****87.50 *****87.50
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time	Certified Copy
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NEW FILINGS	AMENDMENTS AND TO
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.	1509,			
Florida Statutes, the undersigned,	Raul Ocampo				- <b>-</b> ·
1 lorida battates, are alteres.	(Name of registered agent)			-	
hereby resigns as Registered Agent for	MCC International, Inc.				
nereby resigns as Registered Agent for	(Name of corporation)				
	to the above listed corporation at its last know e discontinued on the 31st day after the date of				
this statement is filed.		رس خ	_		
		LC:	ē	. EACON	
. Malu	utam.	HASSE	EB 25		
(S	ignature of resigning agent)	E S	PM 12:		
If signing on behalf of an entity:	į ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	STATE	12: 25	O	
	Typed or Printed Name)	± 1, ₽ .	<u>.</u>	ر سو	<b>-</b> ≠
	(Capacity)	- 1. <b>2.7</b>		# .	<del></del>

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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