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	To: Division of Corporations Fax Number : (850)617-63 From: Account Name : INCORP SERV Account Number : I2012000000 Phone : (702)866-25 Fax Number : (702)866-26	7ICES INC 17 500	FILED 17 FEB 24 M SACOR DAAT OF WALLANKSSAEL, FI		
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REGISTERED AGENT RESIGNATION					
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COVER LETTER

TO: Amendment Section **Division of Corporations**

MBANK, INC. SUBJECT

(Name of Corporation)

DOCUMENT NUMBER:_F14000005043

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:

Wendy Hefley

(Name of Person)

Incorp Services, inc.

(Name of Firm/Company)

3773 Howard Hughes Parkway, Suite 500S

(Address)

Las Vegas, NV 89169-6014

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Hefley for Incorp Services, Inc. 866-2500 ext. 6601 702

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Florida Statutes, the undersigned,	Incorp Services, Inc.	
· · · · · · · · · · · · · · · · · · ·	. (Name of Registered Age	nt)
hereby resigns as Registered Agen	t for MBANK, INC.	
hereby resigns as registered rigen	(Name of Corporation)	
F14000005043		
(Document Number, if known)		
	iled to the above listed corporation at its	
this statement is filed	office discontinued on the 31st day after 1 Corp Services, Inc.	the date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:	-01	FEB 2
Wend	ly Hefley	
	(Typed or Printed Name)	
		\approx
Autho	prized Representative	
	(Capacity)	Transformer (1999)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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