M 13:10:5/1 2018 MUT Page 1 of 8

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number : 075350000353 Phone : (800)221-2972 : (888)692-9256 Fax Number

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

Email Address:

REGISTERED AGENT RESIGNATION MC VENUE SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MC VENUE SERVICES INC.
(Name of Corporation)
DOCUMENT NUMBER: F16000002408
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:
TRACEE COTTON
(Name of Person)
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Firm/Company)
16 COURT ST 14TH FLOOR
(Address)
BROOKLYN, NY 11241
(City/State and Zip Code)
For further information concerning this matter, please call:
TRACEE COTTONat (800) 221-2972 X1550
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0502(2), 617.0502(2), 607.1509, o	or 617.1509,
Florida Statutes, the undersigned.	BLUMBERGEXCELSIOR CORPORATE	SERVICES, INC.
	(Name of Registered Agent)	
herehy resigns as Registered Ager	MC VENUE SERVICES	INC.
neredy resigns as registered rigor	(Name of Corporation)	
F16000002408		t
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its las	st known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the	e date on which
Zein	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
ZEINA HA	SSOUN	ZEM S SECH TALLA
	(Typed or Printed Name)	
ASSISTAN	IT SECRETARY	
	(Capacity)	1.6 H

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active Corporation