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SECRETARY OF STATE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: MJM ENTERPRISES L.C.
	(Name of Corporation)
DOC	UMENT NUMBER: L01000000484
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
JOS	SE S. MACHADO
	(Name of Person)
152	1 SW 58 ST
	(Name of Firm/Company)
CAF	PE CORAL
	(Address)
FLC	DRIDA, 33914
-	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
JOS	E S. MACHADO at (239 ) 549-3306 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, 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 sections 6	507.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,JE	ERIZ MARKHAM	
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	MJM ENTERPRISES, L.C.	
	(Name of Corporation)	
L01000000484		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
An'n	ignature of Resigning Agent)	
If signing on behalf of an entity:	A C	
Jeriz Repistores	Markham (Typed or Printed Name)  Apent.  Apent.	ļ
-1-11-1-1	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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