

LO1000021019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

LO1-21019

(Document Number)

Certified Copies _____ Certificates of Status _____

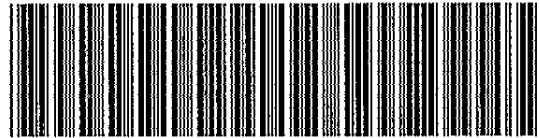
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Mem Res.

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02.110335

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCS LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Mendell

(Name of Person)

MCS LLC

(Firm/Company)

590 NW 45th Ct

(Address)

Fort Lauderdale, Florida 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Mendell

(Name of Person)

at (954) 485 7499

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Ann Mendell, hereby resign as Manager
(Title)

of MCS LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

A handwritten signature in cursive script, appearing to read "Ann Mendell", is written over a horizontal line.

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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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TALLAHASSEE FLORIDA