

L040000050733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY -2 PM 2:05

LLC RA Resigns

MAY 15 2014

T. CARTER

CORPORATE PROCESS SERVICE, INC.

2300 Coral Way, Suite 200

Miami, Florida 33145

Phone (305) 856-0056

Fax (305) 856-2030

May 1, 2014

Mr. Sean Toner
Division of Corporations
2661 Executive Center Circle
Tallahassee, Fl. 32301

Re: **Renewal Uniform Business Reports**

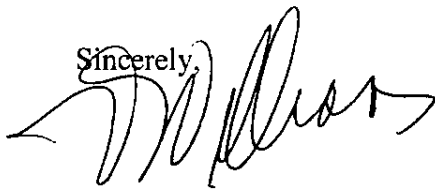
Dear Mr. Toner:

Enclosed please find the following Resignation of Registered Agent for the below entity:

- Miachart Limited Liability Company

Please do not hesitate to contact us if you should have any questions concerning any of the entities listed above.

Sincerely,



Vivian Williams
President

VW/bm
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIACHART LIMITED LIABILITY COMPANY

Name of Limited Liability Company

DOCUMENT NUMBER: L04000050733

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIVIAN WILLIAMS

Name of Person

CORPORATE PROCESS SERVICES, INC.

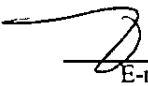
Name of Firm/Company

2300 CORAL WAY

Address

MIAMI, FLORIDA 33145

City/State and Zip Code


E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN WILLIAMS

Name of Person

at (305) 856-0056

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATE PROCESS SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **MIACHART LIMITED LIABILITY COMPANY**

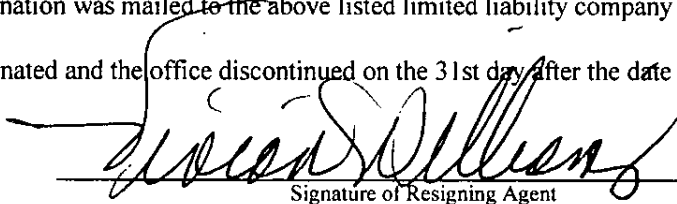
Name of Limited Liability Company

L04000050733

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

VIVIAN WILLIAMS

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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