## P70201020201

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATION OF COMPARATION

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	August 2,200
SUBJECT: - MONT GROUP LL  (Name of Limited Liability Company)  DOCUMENT NUMBER: L O S O O O 1 O G O	<u>C</u>
DOCUMENT NUMBER: L 050001 0 60	79
The enclosed Resignation of Registered Agent for a Limited Liability Compar for filing.	
Please return all correspondence concerning this matter to the following:	
JOANNE MEI PEYTREMANN	
(Name of Person)	,
MONT GROUP LLC	
(Name of Firm/Company)	
1327 FLAGSTONE AVE.	
CELEBRATION, FL 34747  (City/State and Zip Code)	•
For further information concerning this matter, please call: $ \mathcal{L} \circ \mathcal{L} \wedge \mathcal{L} = \mathcal{L} \circ \mathcal{L} $	
PEYTREMANN at (321) 939-9 (Name of Person) (Area Code & Daytime Teleph	1973 ione Number)
Enclosed is a check made payable to the Florida Department of State for \$85.0 liability company or \$25.00 for an administratively dissolved, voluntarily dissolved liability company.	00 for an active limited olved or withdrawn limited
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
JOANNE MEI PEYTREMANN, hereby resigns as	
(Name of Registered Agent)	
Registered Agent for MONT GROUP LLC	
(Name of Limited Liability Company)	
L 05000106079	
(Document Number, if known)	
•	
A copy of this resignation was mailed to the above listed limited liability company at its last known address	٠
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is file.	d
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(Signature of Resigning Agent) ON Angust 2020	
(Signature of Resigning Agent) ON Angust 2 2000  If signing on behalf of an entity:	ī
(Signature of Resigning Agent) ON August and Zoo	7
If signing on behalf of an entity:	17
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(Typed or Printed Name)	7
(Canacity)	

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

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