

LO6000019561

(Requestor's Name)

11 Rockaway CT  
Howell, NJ 07731

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

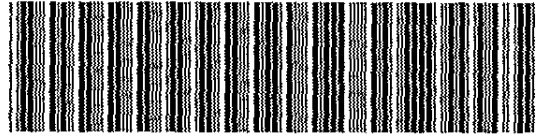
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400077045434

07/10/06--01029--018 \*\*85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA Resign

FILED  
06 JUL 10 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 18 2006  
T. Roberts JUL 18 2006

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAT Property Management LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000019561

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:

Michael Amodio  
(Name of Person)

MAT Property Management LLC  
(Name of Firm/Company)

20101 Estero Garden Circle  
(Address)

Estero FL 33314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Amodio at ( )  
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

FILED  
06 JUL 10 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Tracie Bonilla, hereby resigns as  
(Name of Registered Agent)

Registered Agent for MAT Property Management LLC

(Name of Limited Liability Company)

L06000019561  
(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.

Tracie Bonilla  
(Signature of Resigning Agent)

If signing on behalf of an entity:

1  
(Typed or Printed Name)

(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