

LOG000084050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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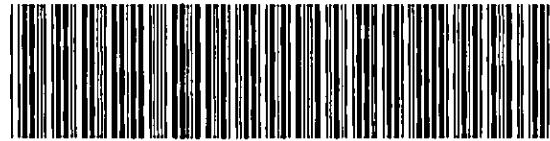
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

BF  
12/6/17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAKADI FLORIDA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000084050

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:

Kaitie Sperry  
Name of Person

Corporate Direct, Inc.  
Name of Firm/Company

2248 Meridian Blvd., Ste H  
Address

Minden, NV 89423  
City/State and Zip Code

info@corporatedirect.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitie Sperry at ( 775 ) 782-2201  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

Gerri Detweiler

, hereby resigns as

Name of Registered Agent

Registered Agent for MAKADI FLORIDA LLC

Name of Limited Liability Company

L06000084050

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.

Gerri Detweiler

Signature of Resigning Agent

If signing on behalf of an entity:

Gerri Detweiler

Typed or Printed Name

Registered Agent

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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17 DEC -4 AM 8:43  
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TALLAHASSEE, FLORIDA