

LO6000 119996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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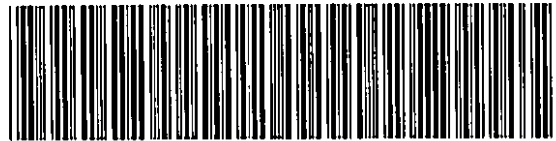
(Business Entity Name)

(Document Number)

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18 JUN 25 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUN 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSWZ, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO6000119996

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:

AL TORRENCE
Name of Person

THORNTON & TORRENCE, P.A.
Name of Firm/Company

7632 MASSACHUSETTS AVE.
Address

NEW PORT RICHEY, FL 34653
City/State and Zip Code

MM.TLOVE@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL TORRENCE at (727) 545-6224
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

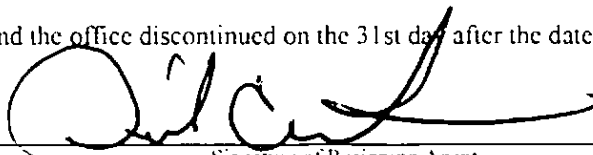
DAVID METZLER, hereby resigns as
Name of Registered Agent

Registered Agent for MISUZ, LLC
Name of Limited Liability Company

LO6000119996
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

FILED
JUN 25 11:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If signing on behalf of an entity:

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