L07000004345

(Re	questor's Name)	·	
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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resignation

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OF S

SECRETARY OF STATE

8/29/08



ACCOUNT NO. : 072100000032 REFERENCE / AUTHORIZATION (COST LIMIT : \$ 85.00 ORDER DATE: August 28, 2008 ORDER TIME : 4:25 PM ORDER NO. : 704105-005 CUSTOMER NO: 7566531 DOMESTIC FILINGS NAME: MJ CLUB CONSULTING, LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY

CONTACT PERSON: Doreen Wallace - EXT# 2928

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

FILED

2008 AUG 29 PM 4: 16

RESIGNATION OF REGISTERED AGENT FORSECRIMENTED TATE TALLAHASSEE, FLORIDA LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,
Corporation Serv	rice Company	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for M.	CLUB CONSULTING	, LLC
	(Name of Limited Liability Co	mpany)
L07000004345		
(Document Number	if known)	
A copy of this resignation	was mailed to the above listed lim	ited 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 Re-	igning Agent)
If signing on behalf of an	entity:	·
	Doreen Wal Assistant Vice P	ace resident
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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