

LO7000106360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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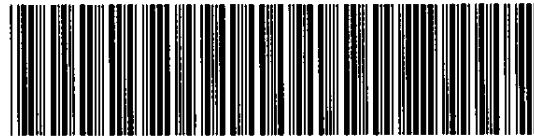
(Business Entity Name)

(Document Number)

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12/11/08--01001--008 \*\*25.00

RECEIVED  
03 DEC 10 PM 2:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
DEC 10 2008  
EXAMINER

FILED  
08 DEC 10 PM 3:25  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ASHLEY SMITH

**DATE:** 12-10-2008

**REF. #:** 001117.96663

**CORP. NAME:** MJM ASSOCIATES FT. PIERCE, LLC

FILED  
08 DEC 10 PM 3:29  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| (XX) OTHER: RESIGNATION                              |   |  |

**STATE FEES PREPAID WITH CHECK#** 528580 **FOR \$** 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |                         |
|--|---|-------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |                         |

Examiner's Initials

## 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,

Corporate Service Bureau, Inc.

(Name of Registered Agent)

Registered Agent for MJM Associates Ft. Pierce, LLC

(Name of Limited Liability Company)

L07000106360

(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.

Patricia Tadlock, Asst. Sec.  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Patricia Tadlock

(Typed or Printed Name)

Assistant Secretary

(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**