L0800099445

(Requestor's Name)			
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	<u>. ₩</u>	
(0)	ty/State/Zip/Filone	; 	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
ŀ	Office Use On		



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TALLAHASSEE, FLORID!

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MFM Lamey Group LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L08000099445	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Julio Morillas	
Name of Person	
Zayas, Morillas & Associates	
Name of Firm/Company	•
6303 Blue Lagoon Dr, Suite 400	
Address	•
Miami FL 33126	
City/State and Zip Code	•
julio@zayasmorillas.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Julio Morillas Name of Person at (Area Code	261-5777 Daytime Telephone Number
Name of Person Area Code	Daytime relephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company of \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.01	15, Florida Statutes, the und	ersigned,	
William Daniel Lamey		, hereby resigns as	
Name of Registered Ag	gent	_, nereby resigns as	
Registered Agent for MFM Lamey Grou	ap LLC		
Name of Li	imited Liability Company		
L08000099445			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liability	company at its last know:	n address.
The agency is terminated and the office disc	continued on the 31st day after	er the date on which this st	atement is filed.
	Signature of Resigning Agent		
If signing on behalf of an entity:			
	Typed or Printed Name		15 JAN SECRET
	Capacity		FILED ARY OF
FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability of Administratively dissolve withdrawn limited liability.	company ved/ voluntarily dissolved/ lity company	FE STA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314