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To:

Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

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## LLC REGISTERED AGENT RESIGNATION **MLI HOLDINGS, LLC**

Certificate of Status	0
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10/3/2014

### 11111

TO:

Registration Section

#### COVER LETTER

Division of Corporations MLI HOLDINGS, LLC Name of Limited Liability Company DOCUMENT NUMBER: L09000074520 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: Wendy Hefley Name of Person Incorp Services, Inc. Name of Firm/Company 2360 Corporate Circle, Suite 400 Address Henderson, NV 89074 City/State and Zip Code processing@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Incorp Services, Inc./Wendy Hefley Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisio	ons of section 605.0115,	Florida Statutes, the unc	tersigned,			
Incorp Services, Ir	ıc.		_ , hereby resi	one se		
	Name of Registered Agent		_ , nereby resig	51.5 0.5		
Registered Agent for N	ALI HOLDINGS, LLO	C			. <u>S</u> :	
					14 95 14 95	,;
	Name of Limite	ed Liability Company			크 🖟	•
L09000074520					<u>မ်</u>	
Document No	umber, if known					نة <sub>(ر</sub> يا د
Document No	on was mailed to the ab	ove listed limited liabilit	y company at i	ts last known addre	12.50 30.51 €	
The agency is terminate	Des	tinued on the alst day af		which this statemen	nt is filed. <sup>**</sup>	`
If signing on behalf of a	an entity:	$\mathcal{O}($	)			
	Wendy Hefley for	Incorp Services, Inc				
	Тур	ed or Printed Name	<del></del>			
	Authorized Repre	sentative				
		Conneity				

\$85.00 Active limited liability company
\$25.00 Administratively 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