L0900010841

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Spegial Instructions to Filing Officer:		
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600255135106

02/07/14--01025--025 **60.00

01/06/14--01038--023 **25.00

(0.00)

2014 FEB -7 M 9:5 SECRETARY OF STATE

COVER LETTER

SUBJECT. MAAN / LC
SUBJECT: MMNY LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>LO 9 000 080 4/</u>
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:
(Name of Person)
(Name of Firm/Company)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 240 - 2001 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section

Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 9, 2014

LYNN BOWLIN 317 WEST CHURCH STREET UNION CITY, TN 38261

SUBJECT: MMNY LLC

Ref. Number: L09000108041

We have received your document for MMNY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is an additional \$60.00 filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00000634

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section, 605 0/13	Florida Statutes, the undersigned,		
Lyhh Bowlin (Name of Registered Agent)	, hereby resigns as		
Registered Agent for			
(Name of Limited Li	iability Company)	,,	
20900010804			
(Document Number, if known)			
A copy of this resignation was mailed to the above	listed limited liability company at its last kno-	wn address.	
The agency is terminated and the office discontinue	d on the 31st day after the date on which this	statement is	filed.
lmn_ (Signa	B over ture of Resigning Agent)		
If signing on behalf of an entity:		SECR TALL	2
(Typed o	r Printed Name)	AHASS	FILE
(Cap	Dacity)	F OF STATE EE, FLORIDA	

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