Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC REGISTERED AGENT RESIGNATION MONPAK LLC

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Electronic Filing Menu

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Help

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J. BRYAIN Thursday, August 08, 2013 08/17/2031 03:36 FAX 8133336358 H13000 A69763

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florid	
THE LAW OFFICES OF NICK SPRADLIN, PL	LC, hereby resigns as
Name of Registered Agent	705
Registered Agent for MONPAK LLC	
	7
Name of Limited Liability Company	
L10000001294	
75	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited li	
A copy of this resignation was mailed to the above listed limited li	ay after the date on which this statement is filed.
A copy of this resignation was mailed to the above listed limited li  The agency is terminated and the office discontinued on the 31st d	ay after the date on which this statement is filed.
A copy of this resignation was mailed to the above listed limited li  The agency is terminated and the office discontinued on the 31st d	lay after the date on which this statement is filed.
A copy of this resignation was mailed to the above listed limited li  The agency is terminated and the office discontinued on the 31st d  Signature of Resigning  If signing on behalf of an entity:	lay after the date on which this statement is filed.
A copy of this resignation was mailed to the above listed limited li  The agency is terminated and the office discontinued on the 31st d  Signature of Resigning  If signing on behalf of an entity:  NICKOLAS J. SPRADLIN	lay after the date on which this statement is filed.

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)