

L10000010449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

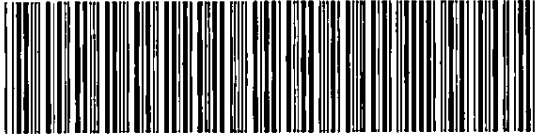
(Business Entity Name)

(Document Number)

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REGISTRY OF DEEDS
CORPORATION DIVISION

Ra Resignation

JUL 10 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDRC ENTERPRISES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000010449

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:

Jennifer J Burton
Name of Person

Burton Law and Title PL
Name of Firm/Company

151 Mary Esther Blvd STE 502A
Address

Mary Esther, FL 32566
City/State and Zip Code

jennifer@BurtonLawAndTitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Burton at (850) 362-0278
Name of Person Area Code Daytime Telephone Number

FILED
2023 APR -4 PM 2:06
CORPORATION DIVISION

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jennifer J Burton _____, hereby resigns as

Name of Registered Agent

Registered Agent for MDRC ENTERPRISES, LLC _____

Name of Limited Liability Company

L1000010449 _____

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2023 APR -4 PM 2:06
CORPORATION SERVICES
TALLAHASSEE, 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