

LI 0000121569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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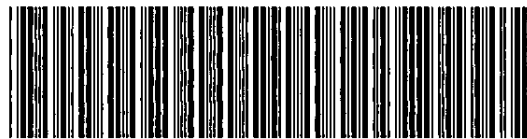
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL - 2 2012

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MD2K Enterprises, LLC d/b/a Marketlead Solutions  
Name of Limited Liability Company

DOCUMENT NUMBER: L10000121569

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:

Stephanie Jones  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

16476 SW 31 Street  
Address

Miramar FL 33027  
City/State and Zip Code

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

For further information concerning this matter, please call:

Darrell Shelton at (800) 659-9034  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Only matters  
concerning  
my resignation.  
All other matters  
to Darrell Shelton

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TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Stephanie Jones, hereby resigns as  
Name of Registered Agent

Registered Agent for MD2K Enterprises, LLC d/b/a  
Marketlead Solutions  
Name of Limited Liability Company

L10000121569  
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.

Stephanie Jones  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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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