

L11000004462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

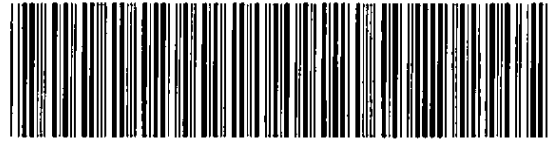
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400414022454

08/17/23--01006--021 \*\*120.00

FILED  
2023 AUG 17 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCA COMMERCIAL HOLDINGS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 111000004462

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:

ALBERTO CAMHI

Name of Person

MCA COMMERCIAL HOLDINGS, LLC

Name of Firm/Company

9800 E. BROADVIEW DRIVE

Address

BAL HARBOUR, FLORIDA 33154

City/State and Zip Code

alberto@addisonhouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO CAMHI

305

389-4353

at (

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

MAX ALCALAY \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for MCA COMMERCIAL HOLDINGS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L1100004462

\_\_\_\_\_  
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

## **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

FILED  
2023 AUG 19 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FL