

L11000034683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

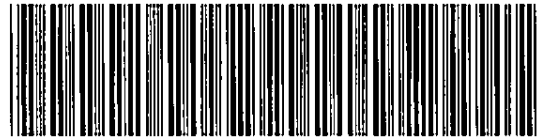
(Business Entity Name)

(Document Number)

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

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17 AUG 22 AM 7:21  
CLERK OF COURT  
HALL COUNTY, FLORIDA

**MAD Associates LLC**

c/o 8501 Atlantic Ave • Wildwood Crest, NJ 08260  
Phone: (609) 729-8562 • Fax: (609) 729-2510

August 17, 2017

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

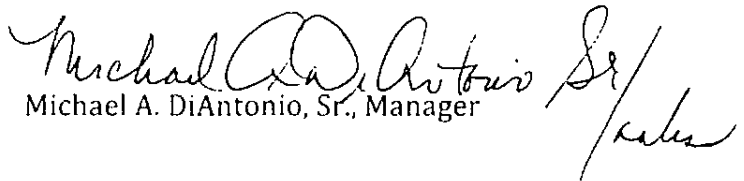
RE: MAD Associates, LLC  
Document No. L11000034683

Dear Sir/Madam:

Enclosed please find original (and copy) of an executed Resignation of Registered Agent pertaining to the referenced matter. Also enclosed please find our check in the amount of \$87.50 for processing fee. Please process the enclosed and return a filed copy to me in the envelope provided.

If you have any questions, feel free to contact my Administrative Assistant Elizabeth Fox, or me.

Sincerely,

  
Michael A. DiAntonio, Sr., Manager

MAD/aabs  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAD ASSOCIATES LLC  
Name of Limited Liability Company  
**DOCUMENT NUMBER:** L11000034683

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:

Michael A. DiAntonio, Sr.

Name of Person  
MAD ASSOCIATES LLC  
Name of Firm/Company

17 Cache Cay Drive  
Address  
Vero Beach, Florida 32963  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Fox 609 729-8562  
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Donald Lunny Esquire

\_\_\_\_\_, hereby resigns as

Name of Registered Agent

MAD Associates LLC

Registered Agent for \_\_\_\_\_

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

L11000034683

\_\_\_\_\_  
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