

L11000079280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

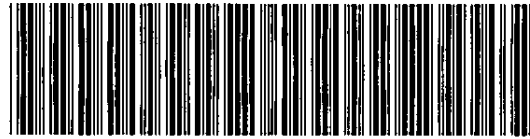
(Business Entity Name)

(Document Number)

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

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Office Use Only



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07/15/15--01029--016 \*\*25.00

FILED  
2015 JUL 15 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 16 2015



77 East John Street  
Hicksville, New York 11801  
Tel: (800) 443-8177 • (516) 935-3940  
Fax (800) 293-4075 • (516) 935-3088  
e-mail- orders1@hubco1.com

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## FLORIDA STATE FILING

07/13/2015

### RETURN DOCUMENTS TO HUBCO

**RE: Malton, LLC**

To whom it may concern:

Please file the following Agent Resignation.

If there are any questions please call Laurie at the above 800 tel. (ext. 186)

Enclosed is a check in the amount of \$25.00

**PLEASE RETURN ALL DOCUMENTS  
TO HUBCO**

Thank You,

Bruce B. Hubbard

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Malton, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000079280

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:

Laurie Montefusco  
Name of Person

Hubco Registered Agent Services, Inc.  
Name of Firm/Company

77 East John Street  
Address

Hicksville, NY 11801  
City/State and Zip Code

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

For further information concerning this matter, please call:

Laurie Montefusco at ( 516 ) 513-1186  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

Hubco Registered Agent Services, Inc.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Malton, LLC

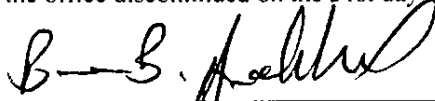
\_\_\_\_\_  
Name of Limited Liability Company

L11000079280

\_\_\_\_\_  
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:

Bruce B. Hubbard

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

President

\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA