

| (Requestor's Name) | | | | | |
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| (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: | | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

_{SUBJECT:} Melina, Inc. Name of Limited Liability Company DOCUMENT NUMBER: L11000083115

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:

George L. Sigalos

Name of Person

Simon & Sigalos, LLP

3839 N.W. Boca Raton Blvd. Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

ceagan@simonsigalos.com

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

For further information concerning this matter, please call:

Carla Eagan

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

| Pursuant to the provisions of section | 608.416(2) or 608.509, Flo | orida Statutes, the undersigned, | | | |
|---------------------------------------|---------------------------------|-----------------------------------|---|-----------|----------|
| George L. Sigalos , hereby re | | | | | |
| Name of Regis | stered Agent | , , <i>norvey</i> , too.g.to ac | | | |
| Registered Agent for Melina, L | LC | | · | | |
| Na | ame of Limited Liability Compan | у | | , | |
| L11000083115 | | | | | |
| Document Number, if known | <u> </u> | | | | |
| A copy of this resignation was maile | d to the above listed limited | l liability company at its last k | nown ad | dress. | |
| The agency is terminated and the off | ice discontinued on the 31s | | nis stater | nent is | filed. |
| If signing on behalf of an entity: | | ng Agent | Part of the state | 13 FEB 19 | ٠. |
| | Typed or Printed Name | | | - P5 | <u>.</u> |
| | Capacity | | | 3: 09 | -77 ul. |

\$85.00 Active limited liability company
\$25.00 Administratively 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