

L11000091138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

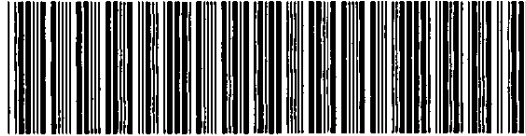
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGA Real Estate Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1100091138

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:

Leon Egozi, CPA
Name of Person

Leon Egozi & Assoc., P.A.
Name of Firm/Company

2999 NE 191 Street, Suite 240
Address

Aventura, FL 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

Leon Egozi, CPA at (305) 937-2664
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Leon Egozi

, hereby resigns as

Name of Registered Agent

Registered Agent for

MBA Real Estate Investments, LLC

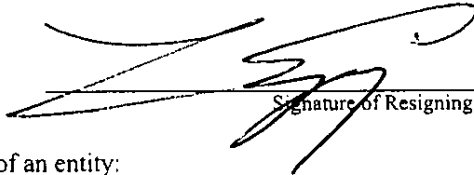
Name of Limited Liability Company

L400091138

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:

LEON EGOZI

Typed or Printed Name

CPA

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