

L12000123087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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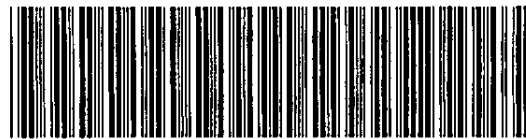
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP 3 - 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAB Development Group
Name of Limited Liability Company

DOCUMENT NUMBER: 412000123087

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 Bolton
Name of Person

MAB Development Group
Name of Firm/Company

2171 E Olive Rd
Address

Pensacola, FL
City/State and Zip Code

Pensacolaautosales6att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bolton at (850) 474-0107
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2013

MICHAEL BOLTON
2171 E. OLIVE ROAD
PENSACOLA, FL 32501

SUBJECT: MAB DEVELOPMENT GROUP, LLC
Ref. Number: L12000123087

We have received your document for MAB DEVELOPMENT GROUP, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00019415

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Carolle Seaton

_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

MAB Development Group, LLC

Name of Limited Liability Company

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.

Carolle Seaton

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2013 AUG 30 AM 11: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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