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COVER LETTER

TO: Registration Section Division of Corporations	+	*
myco machined products LLC		
SUBJECT:		
	mited Liability	Company
DOCUMENT NUMBER: L13000114112		
The enclosed Resignation of Registered Agent for filing.	t for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	nis matter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
E-mail address: (to be used for future annual repor	rt notification)	
For further information concerning this matter.	, please call:	
Janna Pantoja	1 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the u	ndersigned,	爱
United States Co	orporation Agents, Inc.	, hereby resigns as	2018 MAR 22
	Name of Registered Agent		1000 1
Registered Agent for	myco machined products LLC		2, 6
			5
*****	Name of Limited Liability Company	·	<u> </u>
L13000114112			
L15000114112			
	Number, if known		
Document A copy of this resigna	ation was mailed to the above listed limited liabiliated and the office discontinued on the 31st day a		
Document A copy of this resigna	ation was mailed to the above listed limited liabi	after the date on which th	
Document A copy of this resigna The agency is termina	ation was mailed to the above listed limited liabi ated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which th	
Document A copy of this resigna The agency is termina	ation was mailed to the above listed limited liabi ated and the office discontinued on the 31st day a Signature of Resigning Age	after the date on which th	
Document A copy of this resigna The agency is termina	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age of an entity:	after the date on which th	
Document A copy of this resigna	ation was mailed to the above listed limited liabilated and the office discontinued on the 31st day a Signature of Resigning Age of an entity: Cheyenne Moseley	after the date on which the	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00