# 113000121281

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## **COVER LETTER**

10.	Division of Corporations

SUBJECT: MPC International Developers, LLC	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L13000121281	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Stephen Moscicki	
Name of Person	-
MPC International Developers, LLC	
Name of Firm/Company	-
1420 Third Ave. South	
Address	-
Naples, FL 34102	
City/State and Zip Code	_
sm@firstcoalllc.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Stephen Moscicki 239	207-1433
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.01	15, Florida Statutes, the ur	idersigned,	
James A. Boatman, Jr.  Name of Registered Agent			, hereby resigns as	
			_, nereby realigns as	
Registered Agent for MPC	International	Developers, LLC		
	Name of Lin	mited Liability Company		,
L13000121281				
Document Number	er, if known	<del></del>		
A copy of this resignation v	was mailed to the	above listed limited liabil	ity company at its last known a	address.
The agency is terminated as	nd the office disc	ontinued on the 21st day a	fer the date on which this stat	ement is filed.
If signing on behalf of an ea	ntity:	Signature of Hesigning Age	nt .	92 HNF 91
_	-	Typed or Printed Name		
_		Capacity		77

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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