

L1400000000464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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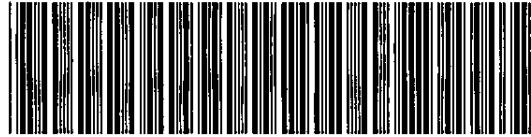
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Red RA  
@ 1.30.15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Minglly, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000000464

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:

Ed Tsuji

\_\_\_\_\_  
Name of Person

MyNewCompany.com, Inc.

\_\_\_\_\_  
Name of Firm/Company

187 E. Warm Springs Rd., Ste. B

\_\_\_\_\_  
Address

Las Vegas, NV 89119

\_\_\_\_\_  
City/State and Zip Code

tasciyan.fredi@gmail.com

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

For further information concerning this matter, please call:

Ed Tsuji

\_\_\_\_\_  
Name of Person

at ( 702 )

\_\_\_\_\_  
Area Code

362-2677

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

InCorp Services, Inc.

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Minglly, LLC


\_\_\_\_\_  
Name of Limited Liability Company

L14000000464

\_\_\_\_\_  
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:

Chris Mershon

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
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**

FILED  
2016 JAN 27 AM 11:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE