L14000087365

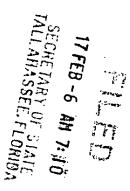
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



600294984036

02/06/17--01050--012 **340.00



COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Majestic Care Marina Mile LLC. |
|---|
| Name of Limited Liability Company DOCUMENT NUMBER: 1,140000 87365 |
| |
| 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: |
| Jill Browner Name of Person |
| Privap Companies, LLC Name of Firm/Company |
| 1200 W. Camino Real #200 |
| Boca Raton, FL 33433 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jill Browner at (56) 952-2501 ext. 205 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. |
| |

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Clifton Building

P.O. Box 6327

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, |
|--|
| Privap Companies, LC , hereby resigns as |
| Name of Registered Agent |
| Registered Agent for Majestic Care Marina Mile LLC |
| 14000081365 |
| Name of Limited Liability Company |
| L140000873165 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: |
| Daniel Cohen |
| Mur. Typed or Printed Name |
| 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