

08/18/2015 16:41
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561-261-121

SIMON & SIGALOS, LLP
Division of Corporations

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L14000096976

Florida Department of State
Division of Corporations
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Account Number : I19990000176
Phone : (561)447-0017
Fax Number : (561)447-0018

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Email Address: paknap@bellsouth.net

LLC REGISTERED AGENT RESIGNATION
MPD ENTERPRISES LLC

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** MPD Enterprises LLC
Name of Limited Liability Company**DOCUMENT NUMBER:** L14000096970

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:

Patricia Knapack
Name of Person
Name of Firm/Company10873 Stafford Circle
AddressBoynton Beach, FL 33430
City/State and Zip Codepknap@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Knapack at (561) 734-7337
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(((H15000199730 3)))

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Patricia A. Knapick

Name of Registered Agent

, hereby resigns as

Registered Agent for MPD Enterprises LLC

Name of Limited Liability Company

L14000096976

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]

Signature of Resigning Agent

If signing on behalf of an entity:

MPD Enterprises LLC

Typed or Printed Name

manager

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

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