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## **COVER LETTER**

SUBJECT: Me A Enterprise Group, LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L 14000 132 428</u>
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:
Michael Ayers Name of Person
Mine of Firm/Company
Name of Firm/Company
5223 Noyes Lane Address
Port Charlotte, FL 33981 City/State and Zip Code
City/State and Zip Code
michael ayers LMTO @Msn. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ayers at (575) 430 - 9619  Name of Person Area Code Daytime Telephone Number
Name of Feison Area Code Daytime receptione 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
MAILING ADDRESS: STREET ADDRESS:
Registration Section Registration Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box,6327

**Division of Corporations** 

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the prov				tutes, the unde	rsigned,			
michael	Ayers				hereby resid	one se		
	Name of Reg	istered Agei	nt					
Registered Agent for	r_miA	Ent	erprise	Group	166	<del></del>		<del></del>
	N	ame of Lim	nited Liability Co	ompany			-	
L140001	32428							
Documer	nt Number, if know	1	<del></del>					
A copy of this resign	nation was maile	ed to the a	above listed li	mited liability	company at i	ts last known	addres	ss.
The agency is termin	nated and the of	fice disco	ntinued on the	e 31st day after	r the date on	which this sta	temen	t is filed
•	mo	hael	ayere	esigning Agent				
	<del>/</del>		Signature of R	esigning Agent				
If signing on behalf	of an entity:					TALLA	IN 11	esember"
		Т	yped or Printed 1	Name		HASSE TELEVISION	14 NOV 17 AM 11: 05	E PORMOTATO
			Capacity				AM III	
		FILING	FEES:			±.} ∴	05	
		\$ 85.00 \$ 25.00	Active limi Administra	ted liability co tively dissolve limited liabili	ompany ed/ voluntari ity company	ly dissolved/		

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