

# L1400001717813

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE  
Account Number : I19990000148  
Phone : (813)769-7692  
Fax Number : (813)223-6121

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC REGISTERED AGENT RESIGNATION MALAK, LLC

Certificate of Status	0
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SECTIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MALAK, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000148083

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:

Mitchell I. Horowitz, Esq.

Name of Person

Buchanan Ingersoll & Rooney PC

Name of Firm/Company

401 E. Jackson St., Suite 2400

Address

Tampa, FL 33602

City/State and Zip Code

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

For further information concerning this matter, please call:

Mitchell I. Horowitz, Esq.

Name of Person

at ( 813 ) 222-1105

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Buchanan Ingersoll & Rooney PC

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

, hereby resigns as

Registered Agent for MALAK, LLC

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

L14000148083

\_\_\_\_\_  
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.

Mitchell I. Horowitz  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Mitchell I. Horowitz

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

Authorized Representative

\_\_\_\_\_  
Capacity

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**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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