L15000021295

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

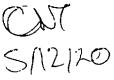
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mark Cole Revenues & Strateg	ies, LLC	
Name of Lin	nited Liability	Company
DOCUMENT NUMBER: L15000021295		
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning thi	is matter to th	ne following:
United States Corporation Agents, Inc.		
Name of Person	<u> </u>	
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report	(notification)	
For further information concerning this matter.	please call:	
Janna Pantoja	800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	signed,	
United States Corp	oration Agents, Inc.	hereby resigns as	
	Name of Registered Agent		
Registered Agent for M	ark Cole Revenues & Strategies, LLC		_
	Name of Limited Liability Company		 ·
L15000021295			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last known address	S .
The agency is terminated	d and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statement	is filed.
If signing on behalf of a	n entity:		
	Cheyenne Moseley	COZO APR	200
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		7 (9)
		AH 8:	Ξ, (
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/	ŕ

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