

215000157824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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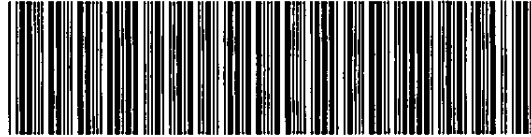
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FALLAHASSEE, FLORIDA

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MAY 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAHMUT, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L15000157824

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:

Nestor Caballero

Name of Person

Caballero, Fierman, Llerena + Garcia, LLP.

Name of Firm/Company

4649 Ponce de Leon Blvd., Suite #404

Address

Coral Gables, FL 33146

City/State and Zip Code

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

For further information concerning this matter, please call:

Nestor Caballero

Name of Person

at (305) 662-7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Alberni, Caballero & Fierman, LLP.

, hereby resigns as

Name of Registered Agent

Registered Agent for MAHMUT, LLC.


Name of Limited Liability Company

L15000157824

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:

Nestor Caballero

Typed or Printed Name

General Partner

Capacity

2010 MAY -4 PM 5:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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