

L15000192439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

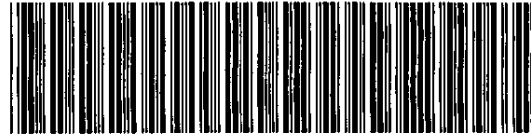
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299054110

05/11/17--01008--015 **35.00

FILED
JUN -2 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 8 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

MOHAMMED A KALAM
2127 POINCIANA DR
CLEARWATER, FL 33760

SUBJECT: MAK & MZK ENTERPRISES LLC
Ref. Number: L15000192439

2017 JUN -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MAK & MZK ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00009550

FILED
2017 JUN -2 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAK & MZK ENTERPRISES LLC.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MOHAMMED A. KALAM
(Contact Person)

MAK & MZK ENTERPRISES LLC.
(Firm/Company)

2127 POINCIANA DR.
(Address)

CLEARWATER FL 33768
(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAMMED A. KALAM at (352) 284-6662
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
JUN -2 AM 7:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: MAK 3 MZK ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000192439

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/16

4. I, Mohammed Z. Kalam, hereby withdraw/resign as a

(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mohammed Z. Kalam

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
JUN - 2 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA