

L16000050779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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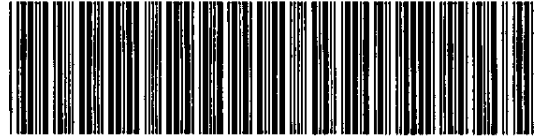
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 14 2018

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**IRA R. SHAPIRO, P.A.**

ATTORNEY AND COUNSELOR AT LAW  
BAYLEE EXECUTIVE CENTER • SUITE 225  
16375 NORTHEAST 18<sup>TH</sup> AVENUE  
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936  
BROWARD: (954) 763-5801  
FACSIMILE: (305) 944-3345  
EMAIL: [info@irarshapiropa.com](mailto:info@irarshapiropa.com)

February 8, 2018

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

Re: Man Capital Advisors LLC  
Resignation of Registered Agent for a Limited Liability Company

To Whom It May Concern:

Please find enclosed a Resignation of Registered Agent for a Limited Liability Company, and my check in the amount of \$85.00 for the filing fee. Please file the resignation for this limited liability company as soon as possible. Thank you.

Sincerely,

  
IRA R. SHAPIRO

IRS/sma

Encl.

scorp bloom 2818.1

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAN CAPITAL ADVISORS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000050779

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:

IRA R. SHAPIRO

Name of Person

IRA R. SHAPIRO, P.A.

Name of Firm/Company

16375 NE 18TH AVENUE SUITE 225

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

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

For further information concerning this matter, please call:

IRA R. SHAPIRO

Name of Person

at ( 305 ) 944-3936

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

IRA R. SHAPIRO, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for MAN CAPITAL ADVISORS LLC

Name of Limited Liability Company

L16000050779

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:

Typed or Printed Name

Capacity

### **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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