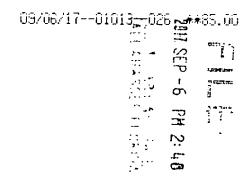
L1 6000058195

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	MICHAEL ATTIQ	LLC		
	Name of Limit	ed Liability	/ Company	
DOCUMENT NUMBER:_	L1600	00058195	i 	
The enclosed Resignation of for filing.	Registered Agent fo	r a Limitec	d Liability Company and fe	e are submitted
Please return all corresponde	nce concerning this	matter to tl	he following:	
Nancy Luna				
Name (of Person		-	
LEGALINC CORPOR	ATE SERVICES I	NC.		
Name of F	irm/Company	-		
10601 Clarence Dr.	Ste. 250			
Ad	dress		-	
Frisco, 7	X, 75033			
City/State a	and Zip Code	_	-	
		· a ·	_	
E-mail address: (to be used for	or future annual report ne	otification)		
For further information conce	erning this matter, pl	lease call:		
NANCY LUI	at (844	386-0178	
Name of Perso	nn .	Area Code	Daytime Telephone Number	<u>:r</u>

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Flori	da Statutes, the undo	ersigned,			
LEGALINC CORPORATE SERVICES, INC.		, hereby resigns as				
	Name of Registered Agent		. , , , , , , , , , , , , , , , , , , ,			
Registered Agent for						
	MICHAEL ATTIQ LLC					
	Name of Limited Liah	oility Company			·	
L160	00058195					
Document Nu	umber, if known					
.,	on was mailed to the above li	•	. ,			iled.
	GAM	re of Resigning Agent		> /	7817	
If signing on behalf of a	n entity:			<u> </u>	S	करण र ५ व
	Erik Treutlein			出版	SEP -	greer
	• •	rinted Name			9	[i
	President			173 pe 17	골	ġ :
	Сара	rity		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2:40	• •
	\$ 25.00 Admi	re limited liability co inistratively dissolve drawn limited liabil	ed/ voluntarily dissolv	red/		

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