

LI 6000058195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

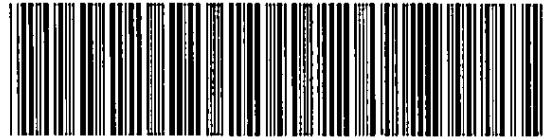
(Business Entity Name)

(Document Number)

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LI

SEP 07 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL ATTIQ LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000058195

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:

Nancy Luna
Name of Person

LEGALINC CORPORATE SERVICES INC.
Name of Firm/Company

10601 Clarence Dr. Ste. 250
Address

Frisco, TX, 75033
City/State and Zip Code

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

For further information concerning this matter, please call:

NANCY LUNA at (844) 386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

LEGALINC CORPORATE SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for

MICHAEL ATTIQ LLC

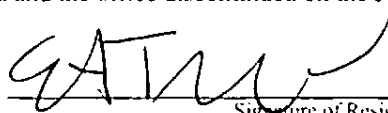
Name of Limited Liability Company

L16000058195

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:

Erik Treutlein

Typed or Printed Name

President

Capacity

FILED
2017 SEP - 6 PM 2:40
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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