

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000155017

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RUSSETCEINC.COM

LLC REGISTERED AGENT RESIGNATION
MRBK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

FILED
2021 JAN -8 AM 9:00
TALLAHASSEE, FL

RECEIVED

2021 JAN -8 PM 3:54

JAN 11 2021
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

WILLIAM R. LOWMAN, JR., ESQ.
_____, hereby resigns as
Name of Registered AgentRegistered Agent for MRBK, LLC

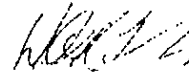
Name of Limited Liability Company

L16000155017

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**FILED**
2021 JAN - 8 AM 9:00
TALLAHASSEE, FL**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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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