

L16000162308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

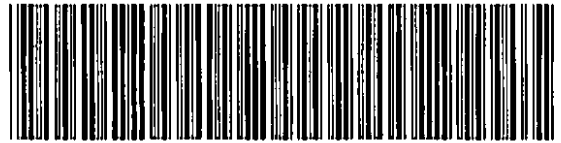
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Wrong form

Office Use Only



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07/26/18 - 01011 - 005 \*\$87.50

FILED  
18 SEP -4 AM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
SEP 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2018

MATTHEW WAHNON  
2000 W COMMERCIAL BLVD, STE. 202A  
FORT LAUDERDALE, FL 33309

SUBJECT: LES BROWN MAXIMUM ACHIEVEMENT TEAM, LLC  
Ref. Number: L16000162308

We have received your document for LES BROWN MAXIMUM ACHIEVEMENT TEAM, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 918A00015952

To Whom It May Concern:

Please see attached Resignation of Registered Agent Form.

PLEASE NOTE: I have already sent in the \$85.00 change fee previously.

If you have any questions feel free to call me anytime.

Matthew Wahnnon

954-295-3797

2000 W Commercial Blvd, Suite 202A

Fort Lauderdale, FL. 33309

2018 SEP -4 PM 3:01

COMMUNICATIONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Les Brown Maximum Achievement Team, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000162308

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:

Matthew Wahnnon

Name of Person

LES BROWN MAXIMUM ACHIEVEMENT TEAM  
Name of Firm/Company

2000 W Commercial Blvd, Suite 202A

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

matt@mpifl.com

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

For further information concerning this matter, please call:

Matt Wahnnon

Name of Person

at (954) 295-3797

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,

Matthew Wahnnon

, hereby resigns as

Name of Registered Agent

Registered Agent for Les Brown Maximum Achievement Team, LLC

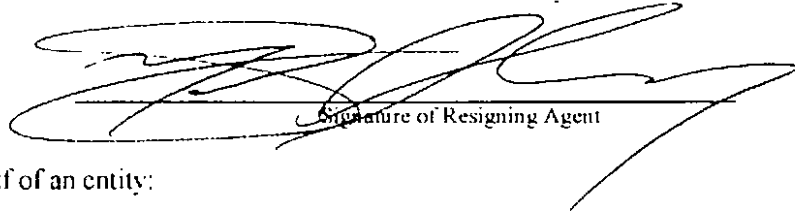
Name of Limited Liability Company

L16000162308

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

FILED  
18 SEP 14 AM 2:30  
TALLAHASSEE, FLORIDA