# 616000197499

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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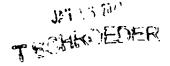
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TALLAHASSET FLORIDA



### **COVER LETTER**

ТО:	Registration Section Division of Corporations
SUBJ	MPK Consulting Services, LLC
	The or Smiled Macinity Company
DOC	UMENT NUMBER: L16000197454
The effor fil	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	e return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
101	North Brand Blvd. 11th Floor
	Address
Glen	dale, CA 91203
	City/State and Zip Code
rares	ignations@legalzoom.com
E	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Janna	Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos liabilit liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited by company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite by company,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 prov	visions of section 605.0115, Florida Stati	ites, the undersigned.		
United States C	hereby resigns as			
	Name of Registered Agent			
Registered Agent fo	or MPK Consulting Services, LLC		<del>-</del>	<del></del> .
<u></u>	Name of Limited Liability Cor	noany		<b>-</b> •
L16000197454				
Docume	ent Number, if known			
A copy of this resig	mation was mailed to the above listed lin	nited liability company at its last know	wn address	s
The agency is termi	inated and the office discontinued on the		statement	is filed
If signing on behalf	of an entity:			
	Cheyenne Moseley	X.	<b>20</b>	
	Typed or Printed N	ame 25	20 JAN SECKETE	فملحه
	Asst. Secretary for United States C	orporation Agents. Inc.	Çirin il	-11
	FILING FEES: \$ 85.00 Active limits	ed liability company	6 AM II: 09	LED

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

withdrawn limited liability company