# L16000 211461

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
,			
J. HORNE			
SEP - 4 2024			





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## COVER LETTER

MADMAK ENTERPRISES LLC SUBJECT: Name of Limited Liability Company **DOCUMENT NUMBER:** L16000211467 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: David Kronenfeld Name of Person Kronenfeld, PLLC Name of Firm/Company 5813 S 3rd St Address Tampa, FL 33611 City/State and Zip Code david@kronenfeldpllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( Area Code ) 708-1127

Daytime Telephone Number David Kronenfeld Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115. Florida Statutes, the undersigned,	
David Kronenfeld	, hereb	y resigns as
	lame of Registered Agent	
Registered Agent for MAI	DMAK ENTERPRISES LLC	
· · ·		ين أي
	Name of Limited Liability Company	94
L16000211467		·
Document Num	ber, if known	
A copy of this resignation	was mailed to the above listed limited liability compar	ny at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the day	te on which this statement is filed.
If signing on behalf of an	entity:	
-	Typed or Printed Name	<u> </u>
-	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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