

1/29/24, 10:27 PM

Division of Corporations

L1700003695

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION  
MJBOD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED  
2024 JAN 29 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE FL

RECEIVED  
09:11 AM EST JAN 29 2024  
DIVISION OF CORPORATIONS  
FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help  
T. LEMIEUX  
JAN 30 2024

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

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

CT CORPORATION SYSTEM  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for MJBOD, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L17000003695  
\_\_\_\_\_  
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.

*Nancy Helm-Brown*  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN  
\_\_\_\_\_  
Typed or Printed Name  
ASSISTANT SECRETARY  
\_\_\_\_\_  
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withdrawn limited liability company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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**SECRETARY OF STATE**  
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