

L17000 051 327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

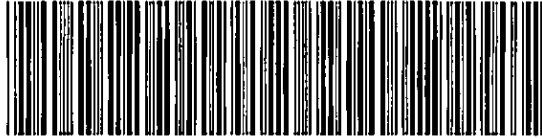
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MV UNIVERSAL FL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000051327

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:

FABIANA CIOBATARU
Name of Person

FGC CORPORATE ADVISORS LLC
Name of Firm/Company

999 BRICKELL AVENUE SUITE 410
Address

MIAMI, FL 33131
City/State and Zip Code

FABIANA@FGCADVISORS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIANA CIOBATARU at (305) 4323009
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

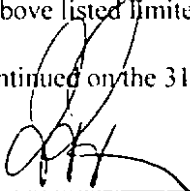
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FGC CORPORATE ADVISORS LLC hereby resigns as
Name of Registered Agent

Registered Agent for MV UNIVERSAL FL LLC
Name of Limited Liability Company

L17000051327
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:

FABIANA CIOBATARU
Typed or Printed Name
MANAGER
Capacity

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TALLHASSEE, FLORIDA

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