11/29/22, 12:08 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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

Email Address:

LLC REGISTERED AGENT RESIGNATION MRAES-8101 LLC

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K. Brumble)

HALCOUGH 664 3 COVERLETTER

TO: Registration Section Division of Corporations

DOCUMENT NUMBER: L17000075603 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing. Please return all correspondence concerning this matter to the following: Westley Look	SUBJECT: MRAES-8101 LLC	
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: Westley Look	Name of Limited Liability	у Сотряну
for filing. Please return all correspondence concerning this matter to the following: Westley Look	DOCUMENT NUMBER: L17000075603	
Westley Look	The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
•	Please return all correspondence concerning this matter to t	he following:
	Westley Look	
Name of Person	Name of Person	-
Incorporating Services, Ltd.	Incorporating Services, Ltd.	
Name of Firm/Company	Name of Firm/Company	~
3500 S DuPont Highway	3500 S DuPont Highway	
Address	Address	-
Dover, DE 19901	Dover, DE 19901	
City/State and Zip Code	City/State and Zip Code	-
wlook@incserv.com	wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	For further information concerning this matter, please call:	
Westley Look at (302) 531-0703 Name of Person Area Code Daytime Telephone Number	Westley Look	531-0703
Name of Person Area Code Daytime Telephone Number	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

HAACCO401664 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the unc	dersigned,		
Incorporating Services, Ltd. , hereby res					
	_,				
Registered Agent for MF	RAES-8101 LLC				-
	Name of Lim	ited Liability Company			_1
L17000075603					
Document Num	aber, if known	************			
A copy of this resignation	r was mailed to the a	bove listed limited liabilit	ty company at its last know	vn address.	
The agency is terminated	and the office disco	ntinued on the 31st day af	fter the date on which this s	statement i	s filed.
	Pmano	Oa_Enchoc Signature of Resigning Agen	mobautt	2	
If signing on behalf of an	entity:				
	Ama	anda Archambault			
	ŢŢ	yped or Printed Name			
	Ass	sistant Secretary		20	
		Capacity		22	
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved	2022 DEC 20 PM 2: 30	APPROVED AND FILED

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