

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001984043)))



H220001984043ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : A1A REGISTERED AGENT INC.
	Account Number : I20090000032
	Phone : (551)792-2236
	Fax Number : (561)202-8082
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
	Email Address:

MAK PROJECTS LLC		
Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$85.00	

Electronic Filing Menu

Corporate Filing Menu

Help

4220001984043

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	S, Florida Statutes, the undersigned,	
ATA REGISTERED AGENT INC.	, hereby	resigns as
Name of Registered Agen		C
Registered Agent for MAK PROJECTS LLC		
Name of Limi	ited Liability Company	,
L18000019719		
Document Number, if known		
A copy of this resignation was mailed to the a	bove listed limited liability company	at its last known address.
The agency is terminated and the office discor	ntinued on the 31st day after the date	on which this statement is filed.
Simoff	Signature of Resigning Agent	_
If signing on behalf of an entity:		
TINA MAKI		2022
DP	yped or Printed Næne	2022 JUN -
-	Capacity	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ volum withdrawn limited liability compa	ntarily dissolved/

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

INHS17 (2/14)

H229001984343