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.

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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLSOS @ PARASTC COM

LLC REGISTERED AGENT RESIGNATION MBG RECRUITMENT LLC

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COVER LETTER

MBG RECRUITMENT LLC SUBJECT:	
Name of Limited Liabi	lity Company
DOCUMENT NUMBER: L18000029647	
The enclosed Resignation of Registered Agent for a Limfor filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Jason Batalla	
Name of Person	_
Parasec	
Name of Firm/Company	_
2804 Gateway Oaks Dr # 100	
Address	_
Sacramento, CA 95833	
City/State and Zip Code	_
rlsos@parasec.com	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cal	l:
Jason Batalla 800 at (533-7272
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.01	115, Florida Statutes, the	undersigned,			
Rocket Lawyer Corporate Services LLC Name of Registered Agent			. hereby resi	, hereby resigns as		
			, , ,			
Registered Agent for ME	BG RECRUITMENT	r llc		<u> </u>		
	Name of L	imited Liability Company	· · · · ·	,		
L18000029647						
Document Nut	nber, if known					
A copy of this resignation	n was mailed to the	e above listed limited lia	bility company at	ts last known address.		
The agency is terminated	and the office disc	continued on the 31st da	y after the date on	which this statement is f	ileo	
	_L.Hes	Signature of Resigning	Agent	2020 FEB SECRETA TALLAHAS	П	
If signing on behalf of an	entity:			18 5 F		
	Leticia Herrera			F = 1	7	
		Typed or Printed Name		AMII: 0	i	
	Assistant Secretary			10 A 17 C		
		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

INHS17 (2/14)

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