

L180000061964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

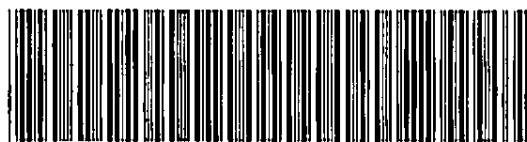
(Business Entity Name)

(Document Number)

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W. A. Rosan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAUCASH, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L18000061964

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:

VALERIA RODRIGUEZ

Name of Person

ROYAL POINCIANA REGISTERED AGENTS, LLC.

Name of Firm/Company

3785 NE 168TH. STREET

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

VALERIAREALTOR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA RODRIGUEZ

Name of Person

at (786) 208-6957

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 provisions of section 605.0115, Florida Statutes, the undersigned,

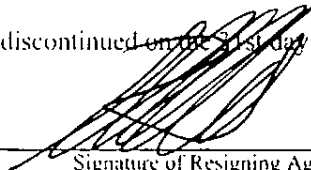
ROYAL POINCIANA REGISTERED AGENTS, LLC. , hereby resigns as
Name of Registered Agent

Registered Agent for MAUCASH, LLC.
Name of Limited Liability Company

L18000061964
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:

VALERIA RODRIGUEZ
Typed or Printed Name
MEMBER
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