

219 000 263 847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

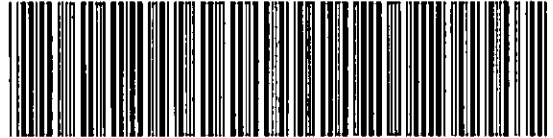
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB 22 AM 11:00
CLERK OF STATE
TALLAHASSEE, FL

FILED

HRS

FEB 24 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDT USA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000263847

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:

Name of Person

LEGIT CONSULTING SERVICES LLC

Name of Firm/Company

6735 CONROY WINDERMERE RD 233

Address

ORLANDO FL 32835

City/State and Zip Code

INFO@LEGITCS.COM

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

For further information concerning this matter, please call:

FABIANA DE BARROS

407

2852290

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 22 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FL

February 9, 2022

LEGIT CONSULTING SERVICES LLC
6735 CONROY WINDERMERE RD 233
ORLANDO, FL 32835

SUBJECT: MDT USA, LLC
Ref. Number: L19000263847

We have received your document for MDT USA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file for an active limited liability company is \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 522A00003250

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LEGIT CONSULTING SERVICES LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for MDT USA, LLC

Name of Limited Liability Company

L19000263847

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 DE BARROS

Typed or Printed Name

MEMBER OF LEGIT

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

FILED
2022 FEB 22 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FL