120000253798

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MantAT Enterprises LLC	
SUBJECT: MentAT Enterprises LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000253798	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. F	Torida Statutes, the under	signed,	
United States Corp	oration Agents, Inc.		hombu matana na	
	Name of Registered Agent		hereby resigns as	
Registered Agent for M	entAT Enterprises L	LC		
	Name of Limited	Liability Company		·
L20000253798				
Document Nu	mber, if known	_		
A copy of this resignation	on was mailed to the abov	re listed limited liability o	ompany at its last known addres	ss.
			the date on which this statement	
		anature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Moseley		707:	2001 OCT -1.
		or Printed Name		3 :
		d States Corporation Ager	nts, Inc.	: : <u>[</u>
	C	apacity		
			± - - -	AH IO: Oa
	FILING FEI \$ 85.00 \ \(\lambda\) \$ 25.00 \(\lambda\)	ES: ctive limited liability con dministratively dissolved ithdrawn limited liability	npany / voluntarity dissolved/	۵ <u>۵</u>

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