k20000 270862

| (Requestor | s Name) | | | |
|---|-----------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/2 | Zip/Phone #) | | | |
| PICK-UP . | WAIT MAIL | | | |
| (Business E | Intity Name) | | | |
| (Document Number) | | | | |
| Certified Copies Co | ertificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

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COVER LETTER

| Division of Corporations | |
|--|---|
| | |
| M&E Ultimate Services LLC | |
| Name of Limited Liability Company | |
| DOCUMENT NUMBER: L20000270862 | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt- for filing. | d |
| Please return all correspondence concerning this matter to the 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: | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 605.011 | 5. Florida Statutes, the unders | signed. | |
|--|--|--|---|---------------|
| United States Corporation Agents, Inc. | | _ , hereby resigns as | | |
| Name of Registered Agent | | | | |
| Registered Agent for | 1&E Ultimate Serv | rices LLC | | |
| | Name of Lin | nited Liability Company | | , |
| L20000270862 | | | | |
| Document No | umber, if known | | | |
| A copy of this resignation | on was mailed to the a | above listed limited liability c | ompany at its last known addr | ess. |
| The agency is terminate | ed and the office disco | ontinued on the 31st day after | the date on which this stateme | ent is filed. |
| | | Signature of Resigning Agent | | |
| If signing on behalf of a | in entity: | | | |
| | Cheyenne Mose | eley | | |
| | 7 | Typed or Printed Name | | |
| | Asst. Secretary for United States Corporation Agents, Inc. | | | |
| | | Capacity | | |
| | | | | · :: |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit | npany d/ voluntarily dissolved/ y company | PH 1: 1: |

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