

L20000336441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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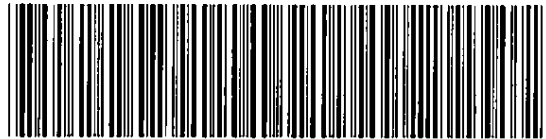
(Business Entity Name)

(Document Number)

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2023 OCT -2 AM 10:01
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOB DIGITAL TEAM LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000336441

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:

CARLA N CARRAI - CPA

Name of Person

CNC CERTIFIED PUBLIC ACCOUNTANT

Name of Firm/Company

3401 SW 160TH AVE STE 330

Address

MIRAMAR, FL 33027

City/State and Zip Code

INFO@CNCPAS.COM

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

For further information concerning this matter, please call:

CARLA N CARRAI

305

2793686

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 OCT -2 AM 10:01
TALLAHASSEE, FL

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

CNC CERTIFIED PUBLIC ACCOUNTANT

_____, hereby resigns as
Name of Registered Agent

Registered Agent for MOB DIGITAL TEAM LLC

Name of Limited Liability Company

L20000336441

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:

CARLA N CARRAI

Typed or Printed Name

CPA

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
2003000-2 AM 10:02
Tallahassee, FL