

221000371292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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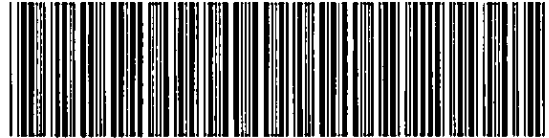
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

A. RIVERS

MAR - 6 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBA FIRM, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 121000371292

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:

MICHAEL PARDO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

3451 NE 1ST AVE #M402

\_\_\_\_\_  
Address

MIAMI, FLORIDA, 33137

\_\_\_\_\_  
City/State and Zip Code

michael.pardo@mbafirm.net

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

For further information concerning this matter, please call:

Michael Pardo

\_\_\_\_\_  
Name of Person

at ( 786 )  
Area Code

230-9883

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Shraybman Law, PLLC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MBA FIRM, LLC.

Name of Limited Liability Company

1.21000371292

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.

*Jessica Shraybman*

Signature of Resigning Agent

If signing on behalf of an entity:

Jessica Shraybman

Typed or Printed Name

Attorney

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 DEC 19 AM 8:26

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## **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