L21000475984

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

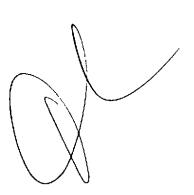
Office Use Only



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COVER LETTER

SUBJECT: Micheal engineering LLC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L21000475984		
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitte	ed
Please return all correspondence concerning this matter to the	he following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	. 12	
9900 Spectrum Dr.	2023 OCT 31	7
Address		خلایم کلویس
Austin, TX 78717	H. 7	
City/State and Zip Code	- min a	, 🤇
raresignations@legalzoom.com	SSEE FL	r n o
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
at (800	773-0888	
Mann of Pareon 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the und	ersigned.			
United States Corporation Agents, Inc.		, hereby resigns as				
	Name of Registered Age		_ thereby resigns da			
Registered Agent for M	icheal engineerir	ng LLC				_
	Name of Lin	nited Liability Company				_,
L21000475984						
Document Nu	mber, it known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last k	.nown a	ddress	
The agency is terminated	d and the office disco	ontinued on the 31st day after	er the date on which t	his state	ement	is filed.
		Signature of Resigning Agent				
If signing on behalf of ar	n entity:			f.	2	
	Cheyenne Mose	eley		3	2023 OCT 3 I	
		Typed or Printed Name		ALLAHASSEE.	007	T
	Asst. Secretary for I	United States Corporation A	gents, Inc.	<u> </u>	ယ်	E122200
		Capacity		SS		m
				(J) (V) (L) (L)	AH 9:	
				四至	9: 59	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	ed/voluntarily dissol	رنا lved	9	

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