

L23000049586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

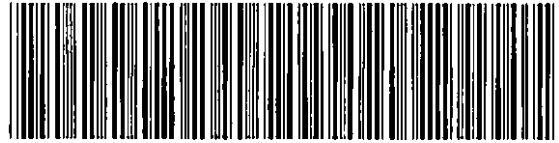
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2024 SEP 10 AM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1883 W. Royal Hunte Dr Ste. 200
Cedar City, Utah 84720
Phone 435-288-0922
Fax 435-586-9491

Emma Smith, Service Specialist
emma@mainstreetbusiness.com

August 30, 2024

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Statutory Agent Resignation

Florida Secretary of State

Effective immediately, please file the Statutory Agent Resignation for MSI Group 1, LLC (L23000049586). Please see the attached check for \$25 for any State fee filings.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

Main Street Business Services

Emma Smith
Service Specialist

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSI Group I, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000049586

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:

Emma Smith
Name of Person

Main Street Business Services, Inc.
Name of Firm/Company

1883 W Royal Hunte Dr Ste 200
Address

Cedar City, UT 84720
City/State and Zip Code

emma@mainstreetbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Smith at (435) 288-0922
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

REGISTERED AGENT SOLUTIONS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MSI Group I, LLC

Name of Limited Liability Company

L23000049586

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:


Typed or Printed Name


Capacity

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2024 SEP 10 AM 6:36
TALLAHASSEE, FL
SECRETARY OF STATE

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