

L23000442965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

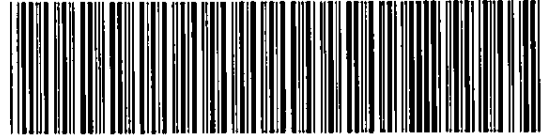
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MECHANICA ENGINEERING, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L23000442968

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:

CHARLES S SERFATY
Name of Person

SERFATY LAW PA
Name of Firm/Company

4770 BISCAYNE BLVD SUITE 1430
Address

MIAMI, FL 33137
City/State and Zip Code

CSERFATY@SERFATYLW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIOLY F RODRIGUEZ at (305) 722.9999
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

SERFATY LAW PA

Name of Registered Agent

, hereby resigns as

Registered Agent for MECHANICA ENGINEERING LLC

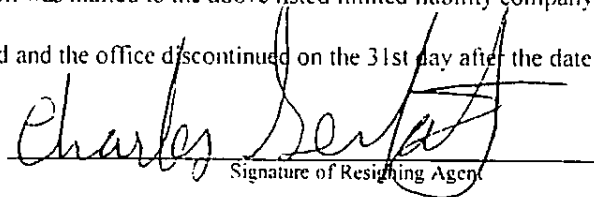
Name of Limited Liability Company

L23000442968

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:

CHARLES S SERFATY

Typed or Printed Name

Owner

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
2024 APR 10 AM 9:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS