

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE

C. LEWIS MAR 2 0 2012 EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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RESIGNATION	ON OF REGISTERED AGE	ENT FOR A LIMITED	
	LIABILITY COMPA	ANY	12 MAR IS AMILED
		200	5 MP/0 CO
			MAD Ay,
Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned,	1155 OF 11.00
C T CORPORATION SYSTEM		, hereby resigns as	C. 15/2/20
	(Name of Registered Agent)		ROA
Registered Agent for	MMA FINANCIAL EQUITY V, LLC.	(MD.DOM)	,
		-	-
	(Name of Limited Liability Company)	- >
•			
M0500000	0510		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limited li	ability company at its last known address	
The agency is termina	tted and the office discontinued on the 31st d	lay after the date on which this statement	is filed.
	(Signature of Resigning Agent	lu .	
If signing on behalf of	f an entity:	,	
	C T CORPORATION SYSTEM - The	resa Alfieri	
	(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	ASSISTANT SECRETAR	RY	į
	(Capacity)	· · · · · · · · · · · · · · · · · · ·	

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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