

MO6000006655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

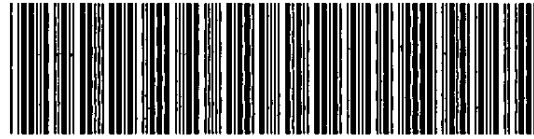
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200133454082

07/28/08--01020--016 **85.00

FILED
08 JUL 28 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SL

20/4/1
05/2/08
[Signature]



**CAPITOL
SERVICES**

July 22, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: M.S.U. Financial, LLC

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience.

Enclosed is check # **14990** in the amount of **\$85.00** for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,


Rhonda Maybin

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.S.U. FINANCIAL, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M06000006655

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:

Rhonda Maybin
(Name of Person)

Capitol Corporate Services, Inc.
(Name of Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Maybin at (800) 345-4647
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CAPITOL CORPORATE SERVICES, INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for M.S.U. FINANCIAL, LLC

(Name of Limited Liability Company)

M06000006655

(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:

Cheryl Roberts

(Typed or Printed Name)

PRESIDENT

(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
08 JUL 28 PM 12:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE