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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBM ACCOUNTING AND TAX SERVICES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M19000001463

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:

Melanie Macatangay

Name of Person

MBM ACCOUNTING AND TAX SERVICES, LLC

Name of Firm/Company

137 NATIONAL PLAZA, STE 325

Address

OXON HILL, MD 20745

City/State and Zip Code

melanie@365bookspro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Macatangay

at (240) 412-3114

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Donna Yost

, hereby resigns as

Name of Registered Agent

Registered Agent for

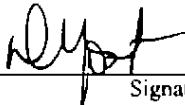
MBM ACCOUNTING AND TAX SERVICES, LLC

Name of Limited Liability Company

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

## 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withdrawn limited liability company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

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