

N93000003075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

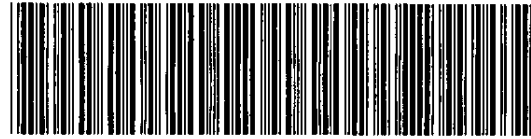
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100276435421

08/27/15--01016--019 **87.50

State of Florida
DIVISION OF REVENUE

15 AUG 27 AM 11:06

AUG 28 2016
C LEWIS



CT Corporation

111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctcorporation.com

August 19 2015

RE: MIDDLEBURG LODGE NO. 2410,
LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

**Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (mn)

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA/mn
Enclosure

August 19 2015

RE: MIDDLEBURG LODGE NO. 2410,
LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

**Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (mn)

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA/mn
Enclosure

STATE OF FLORIDA
DIVISION OF CORPORATIONS

15 AUG 27 AM 11:06

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of Registered Agent)

hereby resigns as Registered Agent for MIDDLEBURG LODGE NO. 2410,
LOYAL ORDER OF MOOSE, INC. (FL. DOM)
(Name of Corporation)

N93000003075

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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