

PO2 000 119 883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

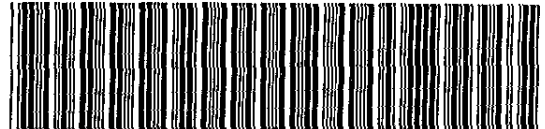
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200025656362

12/23/03--01053--014 \*\*157.50

03 DEC 23 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Ps 1/15/04  
Kos

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ML5 PUBLISHING GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000119883

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MICHAEL MADDEN  
(Name of Person)

ML5 CAPITAL GROUP, INC.  
(Name of Firm/Company)

1308-A NORTH STATE ROAD 7  
(Address)

MARGATE, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL MADDEN at ( 954 ) 970-7500  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

03 DEC 23 AM 10: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, LINDA MADDEN  
(Name of Registered Agent)

hereby resigns as Registered Agent for ML 5 PUBLISHING GROUP, INC.  
(Name of Corporation)

P02000119883

(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.

Linda Madden  
(Signature of Resigning Agent)

If signing on behalf of an entity:

LINDA MADDEN  
(Typed or Printed Name)

N/A  
(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