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((H11000131660 3)))



H110001316603ABCT

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PAVESE LAW FIRM - FMY
Account Number : I20060000037
Phone : (239) 334-2195
Fax Number : (239) 332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT RESIGNATION
M.D.DEVELOPERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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11 MAY 19 AM 11:48

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TALLAHASSEE, FLORIDA

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Handwritten signature and date: 5/19/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MD Developers, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000012253

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:

Charles Mann

(Name of Person)

Pavese Law Firm

(Name of Firm/Company)

1833 Hendry Street

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Mann

(Name of Person)

at (239) 336-6242

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

**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, Charles Mann

(Name of Registered Agent)

hereby resigns as Registered Agent for MD Developers, Inc.

(Name of Corporation)

P03000012253

(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:

(Typed or Printed Name)

(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

11 MAY 19 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA