P07000047605

·
(Requestor's Name)
,
(Address)
(Address)
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
•
(Document Number)
(Bosument Humber)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
į į

Office Use Only



600133694386

08/04/08--01047--008 **87.50

ZOOB AUG -4 AH II: 38
SECRETARY OF STATE
SECRETARY OF STATE

R.A. Resignation

TR 8/11/05/

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MMG FUNDS INC (Name of Corporation)
DOCUMENT NUMBER: (07000047605
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:
Sulieman Holman (Name of Person)
(Name of Firm/Company) 1006 Marisol Ct, Marcharth Sartanada (Address)
City/State and Zip Code) For further information concerning this matter, please call:
Suli euray Holman at (321) 251-5655 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT ASSESSED AMILE FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Sulieman Holman
- · · · · · · · · · · · · · · · · · · ·
ALG E
RESIGNATION OF REGISTERED AGENT 4 5 6 4 4 4 5 6 4 4 4 5 6 6 6 6 6 6 6 6
TOR A CORT ORATION
C. A. S. A.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Sulieman Holman (Name of Registered Agent)
nereby resigns as Registered Agent for MMG FUND INC
(Name of Corporation)
(Document Number, if known)
(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
his statement is filed.
$\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}(\mathcal{L}($
(Signature of Resigning Agent)
(Signature of Resigning Agent)
f signing on behalf of an entity:
C. Communications
Sulieman Holman (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