

P08000037628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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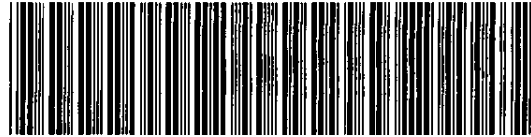
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Trevino

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUATV, Inc.
Name of Corporation

DOCUMENT NUMBER: P080000037628
~~Registered Agent Resignation~~

The enclosed ~~Statement of Change of Registered Office/Agent~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA D. SCHOONOVER
Name of Contact Person

Firm/Company

111 HUNTERS TRAIL
Address

LONGWOOD, FL 32776
City/State and Zip Code

dcarley48@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda D. Schoonover at (407) 665-4299
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
11 APR -6 PM 12:44
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 D. SCHOONOVER

(Name of Registered Agent)

hereby resigns as Registered Agent for

MUATV, Inc.

(Name of Corporation)

P08000037628

(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 D. Schoonover

(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withdrawn corporation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