

(Re	equestor's Name)	
(Ad	idress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations
SUBJECT: MOC CONSTRUCTION FROUD FINC (Name of Corporation)
DOCUMENT NUMBER: <u>P14 0000 4918Z</u>
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:
(Name of Person)
Mame of Firm/Company)
7148 Chatum Light Rin (Address)
Beadenton, Fr 34212 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (A17) 561-7635 (Area Code & Daytime Telephone Number)

. .

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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. Myel Delgado / 2005 5 (Name of Revistered Agent)
hereby resigns as Registered Agent for MX Consideration Stoop In (Name of Corporation)
P14 0000 4918Z
(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)
SEGRETARY TOOL
(Capacity)
Fac for filing this document:

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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