

P1800015784  
Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: ASSISTANT.HAYLANA@LARSONACC.COM

REGISTERED AGENT RESIGNATION  
MU COMMUNICATIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 30 2021

S. PRATHEF

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MU COMMUNICATIONS CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000015784  
\_\_\_\_\_

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:

CAROLINE LARSON  
\_\_\_\_\_

(Name of Person)

LARSON ACCOUNTING GROUP  
\_\_\_\_\_

(Name of Firm/Company)

7901 KINGSPONTE PARKWAY STE 17  
\_\_\_\_\_

(Address)

ORLANDO, FL 32819  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

UBIRATAN A. DA SILVA  
\_\_\_\_\_

(Name of Person)

at ( 407 ) 724-5640

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, UBIRATAN A. DA SILVA  
(Name of Registered Agent)

hereby resigns as Registered Agent for UBIRATAN A. DA SILVA  
(Name of Corporation)

P18000015784  
(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)

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### 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