

P18000033910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

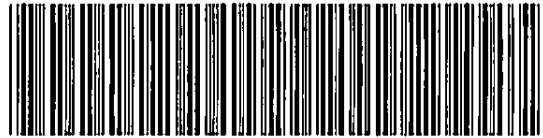
(Document Number)

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09/18/24--01004--004 **2.50

07/31/24--01016--017 **85.00

2024 SEP -3 PM 3:02
SECRETARY OF STATE

Ra Resignation

SEP 11 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MGN CONTRACTORS SOLUTIONS INC

(Name of Corporation)

DOCUMENT NUMBER: P18000033910

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:

FARAH CRUZ

(Name of Person)

FAIL SAFE ACCOUNTING LLC

(Name of Firm/Company)

20 S. ROSE AVE STE 4

(Address)

KISSIMMEE, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

FARAH CRUZ at (407) 201-7988

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2024

FARAH CRUZ
FAIL SAFE ACCOUNTING LLC
20 S ROSE AVE SUITE 4
KISSIMMEE, FL 34741

SUBJECT: MGN CONTRACTORS SOLUTIONS INC
Ref. Number: P18000033910

We have received your document for MGN CONTRACTORS SOLUTIONS INC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

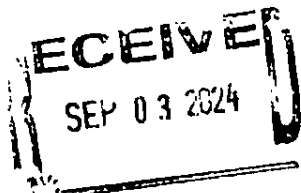
The Filing Fee is \$87.50 so we will need an additional \$2.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 124A00018347



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, FAIL SAFE ACCOUNTING LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for MGN CONTRACTORS SOLUTIONS INC

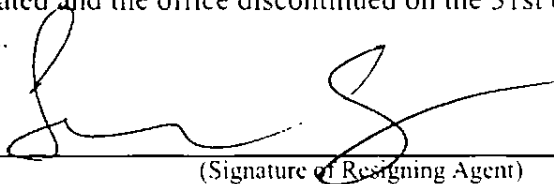
(Name of Corporation)

P18000033910

(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:

FARAH CRUZ

(Typed or Printed Name)

OWNER

(Capacity)

2024 SEP -3 PM 3:02
SECRETARY OF STATE

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