P22000077034

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
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(Bus	siness Entity Nar	me)
(Doc	cument Number)	-
Certified Copies	Certificates	s of Status
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RECEIVED
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MM SERVICES of N.F. INC (Name of Corporation) DOCUMENT NUMBER: P 22000077034
DOCUMENT NUMBER: P 22000077034
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:
KEN WEBSTER (Name of Person)
(Name of Person)
(Name of Firm/Company)
649 JASN TRAIL
TAPPASSEE FC 323/7 (City/State and Zip Code)
For further information concerning this matter, please call:
KEN WebSteR at (
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0503(2)	. 617.0502((2), 607	.1509, or	617.1509,	
Florida Statutes, the undersigned.	KEN	(Name of	LER Register	ed Agent)		_
hereby resigns as Registered Agent for	mm 5	ERVICES	-	N.F.	Tuc.	_
P220000 77034 (Document Number, if known)						
A copy of this resignation was mailed t	to the above	e listed corp	oration	at its last	t known addres	s.
The agency is terminated and the office this statement is filed.	e discontini	ied on the 3	1st day	after the	date on which	
Kiral (s	(llelf.	Len	•)		<u>.</u>	
, (3	ignature of K	esigning Agen	1)			
If signing on behalf of an entity:					2024 A SECT	
KENNETA	Cele	BSTER	7		2024 APR 22 PM SECRETARY OF A	- - -
0					PM 12:	
KEGISTERED	1 Ac	ient			Ω 	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)