

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

		_
(Corporation Name)	(Document #)	A STORY OF THE STORY
2(Corporation Name)	(Document #)	2000046861322 -11/16/0101101001
3(Corporation Name)	(Document #)	 **********************************
4(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy 6
Mail out Will wait NEW FILINGS	AMENDMENTS	Certificate of Status Certificate of Status FLORING
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R Change of Regist Dissolution/With Merger	A., Officer/Director tered Agent drawal
OTHER FILINGS	REGISTRATION/Q	DUALIFICATION O O
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	DUALIFICATION Chip Company of the

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

adduct to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	1509,		
Florida Statutes, the undersigned,		··-	
hereby resigns as Registered Agent for MC COUSTRUCTION (Name of corporation)	م <i>و</i> , اد	<u>æ</u> .	ē
A copy of this resignation was mailed to the above listed corporation at its last known	ı addres	s.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which		
(Signature of resigning agent)	SECRET	91 AON 10	wergeng
If signing on behalf of an entity:	ARY OF		
	OF STATE	AM 10: 16	O
Di vecyon. (Capacity)	- 		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314