

11.1  
P98000051462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

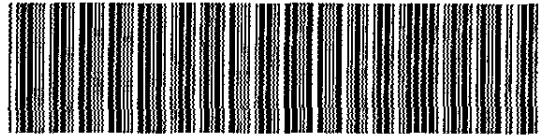
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700018570627

05/15/03--01022--012 \*\*35.00

**FILED**  
03 MAY 15 PM 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Ps 5/20/03  
PA 1105-Drachner

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MOV ad Group inc  
(Name of Corporation)

DOCUMENT NUMBER: P98000051462

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:

Diane Villa  
(Name of Person)

MOV AD GROUP inc  
(Name of Firm/Company)

2020 W. BRANCOON #205  
(Address)

BRANCOON, FL, 33511  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Villa at ( 813 ) 681-9075  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

03 MAY 15 PM 2:16

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 617.1500, <sup>SECRETARY OF STATE</sup> ~~TALLAHASSEE, FLORIDA~~  
Florida Statutes, the undersigned, Lee Carson McSheldon Jr.  
(Name of Registered Agent)

hereby resigns as Registered Agent for MDV AD GROUP INC.  
(Name of Corporation)

P98000051462

(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.

Lee McSheldon Jr.

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**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**