

L07000 119 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

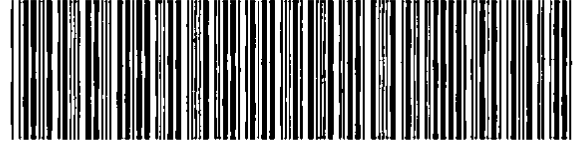
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900332835259

08/09/19--01020--016 **25.00

2019 AUG 21 PM 4:45

Y SULKER

AUG 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

E.T. MCARDLE ASSOCIATES, LLC.
1 LAS OLAS CIRCLE #301
FORT LAUDERDALE, FL 33316

SUBJECT: E.T. MCARDLE ASSOCIATES, LLC.
Ref. Number: L07000119006

We have received your document for E.T. MCARDLE ASSOCIATES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 219A00016668

2019 AUG 21 AM 10:47

RECEIVED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Edward T. McArdle	1 Las Olas Circle, 301 Fort Lauderdale, Fl 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jacqueline McArdle	1 Las Olas Circle, 301 Fort Lauderdale, Fl 33316	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christine McArdle Oquendo	1 Las Olas Circle, 301 Fort Lauderdale, Fl 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/5/2019 _____

Rosemarie McArdle

Signature of a member or authorized representative of a member

Rosemarie McArdle

Typed or printed name of signee