M0300002458

· (F	Requestor's Name)	
(A	Address)	
•	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(F	Business Entity Name)	
(ι	Monitoso Entity Harrier	
		•
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer;	
	.	

Office Use Only



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EXAMINER

2010 SEP 14 PM 1: 30
SEGRETARY OF STATE
AND SEFE FIORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2010

JAMES CARLSEN 1958 COMMON WAY RD ORLANDO, FL 32814

SUBJECT: ACMG, LLC

Ref. Number: M03000002458

We have received your document for ACMG, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A0002126

COVER LETTER

JBJECT:	ACMG, LLC	
_	(Name of Limited Liability Company)	
	articles of Dissolution and fee(s) are submitted for filing.	
	James Carlsen (Name of Person)	
	(Firm/Company)	
	1958 Common Way Rd. (Address)	
	Orlando, FL 32814	-1 N
- furthar inf	(City/State and Zip Code) ormation concerning this matter, please call:	2010 SEP 14 PM SECRETARY OF TALLAHASSEE, F
	nes Carlsenat (407) 740-0931	14 PI
	(Name of Person) (Area Code & Daytime Telephone Num	STATE SERVICE
sclosed is a ch	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LÉTTER

TO: Registration Division of	Section Corporations			
SUBJECT:	ACMC			
***	(Name of For	eign Limited Liability C	Company)	
Dear Sir or Madam:	•			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	matter to the following	:	
Xar	(Name of Person)	Sen		·
Acm	(Firm/Company)			
1958	(Address)	way Rd		2010 SEP SEGRET
04/3	(City/State and Zip Cod	33414		2010 SEP 14 PK 1:5: SECRETARY OF STATI
For further informati	on concerning this matter, p	blease call:		1: 58 TATE ORID
Jaren (Ni	Carbon ame of Person)	at (Area Code &	Daytime Telephone Number)	
Registratior Division of Clifton Buil 2661 Execu	Corporations	Registr Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
M03000002458
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1958 Connon Way Rd. (Mailing address)
City/State/Zip) ARE SEP
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Laren Carles
(Typed or printed name of signee)