A9500001259

(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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July 31, 2014

ROBERT MALT MCGREGOR OAKS LTD. 186 RANDALL ROAD HOT SPRINGS, AR 71913

SUBJECT: MCGREGOR OAKS, LTD.

Ref. Number: A9500001259

We have received your document for MCGREGOR OAKS, LTD. and your check(s) totaling \$745.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 214A00016441



RESIDENTIAL MANAGEMENT RENTALS | SALES | CONSTRUCTION

August 12, 2014

Agnes Lunt
Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

RE:

McGregor Oaks, Ltd.

Document # A95000001259

Dear Ms. Agnes Lunt,

Enclosed please find a new form to resign as Registered Agent of McGregor Oaks, Ltd. I have also enclosed a copy of a check along with a payment summary previously sent to your office. This particular form was sent on the Corporation Form in error. We have paid for the change, if this is incorrect please advise.

Thanking you in advance!

Sincerely,

Kelly Campbell

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MCGREGOR OAKS, LTD.				
Name of Limi	ted Liability	Company		
DOCUMENT NUMBER: A 9500000125	59			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are	submitted	i
Please return all correspondence concerning this	matter to th	ne following:		
ROBERT MALT				
Name of Person				
MCGREGOR OAKS, LTD.		The garantee of the state of t	2 <u>8</u> 14	
Name of Firm/Company			2014 SEP	7
196 RANDALL ROAD		हैं। हरा हरा	9	
Address	· · · · · · · · · · · · · · · · · · ·	() to	PH 19	
HOT SPRINGS, AR 71913		, । सुक्र सु	. ₹ 5 ∵ ø⊅	٤،
City/State and Zip Code	·	A TO	`	
ARLANDANDEQUIPMENT@YAHOO.COM	I			
E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matter, p	lease call:			
ROBERT MALT	,501	525-0025		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolve	t of State for \$85.00 for an actively dissolved or with	ve limited drawn lim	ited
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DAVID G. MALT

Name of Registered Agent

MCGREGOR OAKS, LTD.

Name of Limited Liability Company

A 95000001259

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 1st day after the date on which this statement is filed.

Signature of Resigning Agent

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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