

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MACMILLAN & STANLEY, PLLC
Account Number : I20170000007
Phone : (561)276-6363
Fax Number : (561)276-8881

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tom@macmillanstanley.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MACMILLAN & STANLEY, PLLC**

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Corporate Filing Menu

Help DEC 30 2018

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COVER LETTER

H19000370809 3

TO: Registration Section
Division of Corporations

SUBJECT: MacMillan & Stanley, PLLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas M. Stanley, Esq.

(Contact Person)

MacMillan & Stanley, PLLC

(Firm/Company)

29 NE 4th Avenue

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Stanley

(Name of Contact Person)

at (561) 276-6363
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MacMillan & Stanley, PLLC

2. The Florida document/registration number assigned to this limited liability company is:
L04000063323

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, Carol M. Stanley, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager and Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carol M. Stanley
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
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ALABAMA SECRETARY OF STATE