

LO5 000 100307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

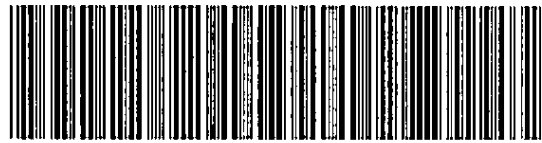
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TALLAHASSEE, FL

2021 SEP 20 AM 9:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McLeod Studios, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000100307

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanine McLeod

Name of Person

McLeod Studios, LLC

Name of Firm/Company

27340 Cashford Circle, Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

jeanine@photosoncloud9.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanine McLeod

813

994-4552

Name of Person

at (

_____)
Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

David McLeod _____, hereby resigns as

Name of Registered Agent

Registered Agent for McLeod Studios, LLC

Name of Limited Liability Company

L05000100307

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 31st day after the date on which this statement is filed.

David McLeod

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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withdrawn limited liability company

FILED
2021 SEP 20 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

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