

L 05 000 123452

(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



000156558970

06/02/09--01011--006 \*\*25.00

FILED  
09 JUN -1 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 2 - 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MICKLEWHITE QUALITAS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000123452

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:

KARLENE GRAY  
Name of Person

KARLENE L. GRAY, P.A.  
Name of Firm/Company

19501 W. COUNTRY CLUB DRIVE #2101  
Address

AVENTURA, FL 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

KARLENE GRAY at ( 305 ) 354 8252  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

KARLENE L. GRAY, P.A.

Name of Registered Agent

Registered Agent for MICKLEWHITE QUALITAS LLC

Name of Limited Liability Company

LO5000123452

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

KARLENE GRAY

Typed or Printed Name

PRESIDENT

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withdrawn limited liability company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**

**FILED**  
09 JUN -1 PM 12:50  
TALLAHASSEE, FL  
SECRETARY OF STATE