

L06000039624

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION MCGEE INSURANCE AND FINANCIAL SERVICES LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 02 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Tom Glover _____, hereby resigns as
Name of Registered Agent

Registered Agent for MCGEE INSURANCE AND FINANCIAL SERVICES LLC

Name of Limited Liability Company

L06000032624

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:

Tom Glover

Typed or Printed Name

Manager of Northwest Registered Agent LLC

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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

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TALLAHASSEE, FLORIDA