

L07000038840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

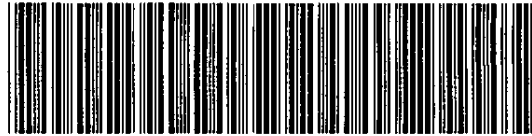
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

OCT - 5 2009

EXAMINER

*Crabtree & Fallar, P.A.*

ATTORNEYS AND COUNSELORS AT LAW

CHARLES W. BROWN  
R. R. CRABTREE  
SCOTT W. FALLAR

A. M. CRABTREE, JR.  
(1924-1995)

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JACKSONVILLE, FLORIDA 32217

TELEPHONE (904) 732-9701  
TELECOPIER (904) 732-9702

September 28, 2009

**Amendment Section**  
Division of Corporations  
P.O. Box 63278  
Tallahassee, FL 32314

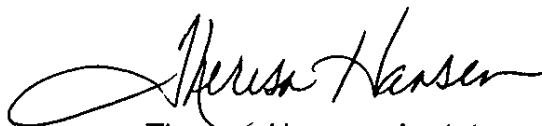
**RE: McMawakakir Management, LLC**  
**Document No.: L07000038842**  
**Resignation of Registered Agent for LLC**

Dear Sir/Madam:

Enclosed please find Resignation of Registered Agent for the above-company together with our firm check in the amount of \$25.00. We would appreciate your filing same at your earliest convenience.

Thank you most cordially for your assistance in this regard. Should you have any questions, or need additional information, please contact the undersigned at the above-number.

Sincerely yours,



Theresa Hansen, Asst. to  
R.R. Crabtree, Esquire

/th  
enclosure (as above-stated)

## 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,

**R.R. CRABTREE**

, hereby resigns as

Name of Registered Agent

Registered Agent for **McMawakakir Management, LLC**

Name of Limited Liability Company

**L07000038842**

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.

**RR Crabtree**

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

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

FILED  
SECRETARY OF STATE  
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