

**L07000048787**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9880

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**LLC REGISTERED AGENT RESIGNATION  
MACCLENNY PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

JUN 24 2021  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MACCLENNY PARTNERS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L07000048787

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:

STEVEN WEISS

Name of Person

ALLSTATE CORPORATE SERVICES CORP.

Name of Firm/Company

2215 HENDRICKSON STREET, SUITE 1

Address

BROOKLYN, NY 11234

City/State and Zip Code

FILING@ACS123.COM

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

For further information concerning this matter, please call:

NAOMI

Name of Person

at ( 800 ) 906-9220  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,  
REGISTERED AGENT SOLUTIONS, INC. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for MACCLENNY PARTNERS LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L07000048787  
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:

Steven Weiss  
\_\_\_\_\_  
Typed or Printed Name  
Assistant Secretary for Registered Agent Solutions, Inc.  
\_\_\_\_\_  
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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