L10000065412

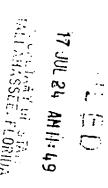
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MCCARTY'S MAINTENANCE & REPAIR SERVICE LLC					
Name of Limited Liability Company					
DOCUMENT NUMBER: L10000065412					
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:					
Registered Agent Department					
Name of Person					
Business Filings Incorporated					
Name of Firm/Company					
8020 Excelsior Drive Suite 200					
Address					
Madison, WI 53717					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Registered Agent Department 800 981-7183					
Registered Agent Department at (800) 981-7183 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.					

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida S	tatutes, the undersigned,		
BUSINESS FILINGS INCORPORATED		, hereby resign	, hereby resigns as	
	Name of Registered Agent			
Registered Agent for	MCCARTY'S MAINTENANC	E & REPAIR SERVICE I	LC	
	Name of Limited Liability	Company		
L10000065412				
Document l	Number, if known			
	tion was mailed to the above listed		ju s	
The agency is termina	ted and the office discontinued on	the 31st day after the date on w	which this statement is filed.	
	Signature of	Resigning Agent	ANT SALL	
If signing on behalf of	an entity:		P 11	
	Jill Morrison		AM II. LO	
	Typed or Printe	ed Name	;; 6	
	Asst Secretary for Busine	ss Filings Incorporated		
	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