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2012 DEC 13 AN II: 5
SECRETARY OF STATE
TALLAHASSES

COVER LETTER

SUBJECT: Mcchellon Enterprises LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
David or Laurie McCleUan (Contact Person)
McClellan Enterprises LLC (Firm/Company)
3315 SW 13 th St # 104 (Address)
OCALA FL 34474 (City/State and Zip Code)

\$25 Filing Fee \$55 Filing Fee

Enclosed please find a check made payable to the Florida Department of State for:

For further information concerning this matter, please call:

(Name of Contact Person)

□ \$55 Filing Fee & Certified Copy

(352) 875-6461 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

for

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED 2012 DEC 13 AM 11: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the Florida Department
2. This limited liabili	ty company was organized under the laws of:
	ent/registration number of this limited liability company is:
4.1. Bruce	te of Person Resigning) thereby resign as a Wide (Prim Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ag.
Signature of Resign	ing Viember. Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)