L13000085624

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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OCT 16 2015 J. HARRIS

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: MAC	Installations LLC		
	(Name of Limite	d Liability Con	npany)
The enclosed mem	ber, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all co	orrespondence concerning th	is matter to:	
Michael Garceau	ı		
	(Contact Person)		-
MAC Installation	s LLC		
	(Firm/Company)		•
1143 Craftsland	Lane NE		_
	(Address)		
Palm Bay FL 329	905		
	(City/State and Zip Code)		-
For further informa	ation concerning this matter,	please call:	
Michael Garceau		321 at (704-4410
(Name of	f Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please fin ■ \$25 Filing Fee	nd a check made payable to t		repartment of State for: Fee & Certified Copy
STREET/COURI			MAILING ADDRESS:
Registration Section Division of Corpor			Registration Section Division of Corporations
Clifton Building	WILLIAM		P.O. Box 6327
2661 Executive Ce			Tallahassee, Florida 32314
Tallahassee, Florid	la 32301		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

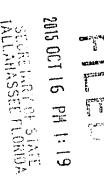
September 29, 2015

WILLIAM MCALLISTER 485 DEACON AVE PALM BAY, FL 32907

SUBJECT: MAC INSTALLATION'S LLC

Ref. Number: L13000085624

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We have received your document for MAC INSTALLATION'S LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00020588



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the F	lorida Department
2. The Florida docu L1300008562	_	assigned to this limited liability cor	mpany is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	09/09/15
	MILIOTED	, hereby withdraw/resign as	
	ame of Person Resigning)		
MGMR			
	(Print Title)		
resignation in wr		the limited liability company has be	een notified of my
Signature of Di	ssociating Member of Res	igning Manager	7 22
_	\$25.00 (Required) \$30.00 (Optional)		2015 OCT 16 SECRETAR SALLAHASS