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| PICK-UP                 | ☐ WAIT              | MAIL      |
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| Certified Copies        | _ Certificates      | of Status |
| Special Instructions to | Filing Officer:     |           |
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SECRETARY FOR STATE

MAR 1 0 2013 T. **HAMPTON** 

# **COVER LETTER**

| SUBJECT: MCGINUEY LAW FIRM PLLC Name of Limited Liability Company  |
|--|
| Name of Limited Liability Company  |
| DOCUMENT NUMBER: <u>L14000002012</u>   |
| 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:                                      |
| PATRICK JOHN MCGINLEY Name of Person   |
| LAW OFFICE OF PATRICK JOHN MCGINLEY, P.A. Name of Firm/Company   |
| 330 W. LAKE SVE AVE.   |
| Åddress  |
| WINTER PARK, FL 30789 City/State and Zip Code  |
| PATRICK @ MCGINVEY LAW. COM  E-mail address: (to be used for future annual report notification)                |
| For further information concerning this matter, please call:   |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

PATRICK JOHN MCGINIEY at (407) 681 - 2700

Name of Person Area Code Daytime Telephone Number

### **MAILING ADDRESS:**

Registration Section

**Division of Corporations** 

TO:

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

## STREET ADDRESS:

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



February 27, 2014

PATRICK JOHN MCGINLEY, ESQ 330 W LAKE SUE AVE WINTER PARK, FL 32789

SUBJECT: MCGINLEY LAW FIRM, PLLC

Ref. Number: L14000002012

We have received your document for MCGINLEY LAW FIRM, PLLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 714A00004427

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,   |
|--|
| LAW OFFICE OF PATRICK JOHN MCGINIET, P.A., hereby resigns as  Name of Registered Agent   |
| Name of Registered Agent   |
| Registered Agent for   |
| MCGINUEX LAW FIRM, PLLC, Name of Limited Liability Company   |
| Name of Limited Liability Company  |
| L14000002012   |
| 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.  Signing on behalf of, and as  owner operator president CEO of  Signature of Resigning Agent  Law Office of Patrick John Me Sinky, P. A.  If signing on behalf of an entity: |
| Signature of Resigning Agent  Signature of Resigning Agent  Law Office of Potach John Mr. Shirk P. 1   |
| If signing on behalf of an entity:   |
| PATRICK JOHN MCGINLEY  |
| Typed or Printed Name  OWNER/OPERATOR/PRESIDENT/CEO  Canacity  |
| OWNER/OPERATOR/PRESIDENT/CEO   |
| - 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  |