

L14000139185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

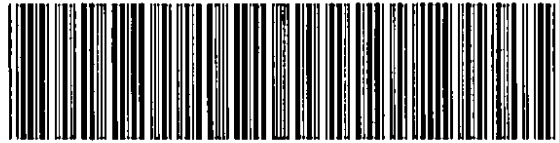
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAC 5, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Javier G Macedo

(Contact Person)

Mac 5, LLC

(Firm/Company)

6551 SW 65 Ave

(Address)

South Miami FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Javier G Macedo

305

439-9739

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
JUL 27 PM 6 56
18
SECRETARY OF THE
TALLAHASSEE
GER FROM
IP AND

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MAC 5, LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000139185
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Junio 20, 2018
4. I, Jose Luis Macedo, hereby withdraw/resign as a MGRM
- (Print Name of Person Resigning)*
- (Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
 Certified Copy: \$30.00 (Optional)