

17000232072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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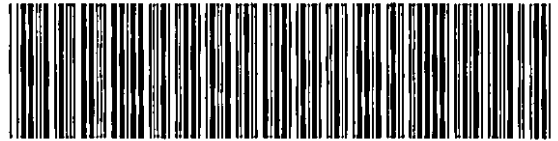
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
SEP 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McFatter Marine, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000232072

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:

ANDREW MCFATTER
Name of Person

PROBATE MARINE, LLC
Name of Firm/Company

McFatter Marine LLC
Address

411 N. Perry Avenue
City/State and Zip Code
7

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAITH CROSHAW at (561) 262-0851
Name of Person Area Code Daytime Telephone Number
174 Bayberry CR. Jupiter, FL 33458

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
18 SEP 14 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Faith Croshaw, hereby resigns as
Name of Registered Agent

Registered Agent for McFatter Marine, LLC

Name of Limited Liability Company

L17000232072
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.

Faith Croshaw
Signature of Resigning Agent
174 Bayberry Circle
Jupiter, FL 33458

If signing on behalf of an entity:

Typed or Printed Name

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