

L22 000305840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

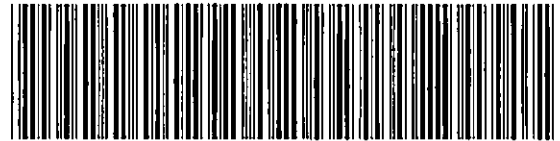
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 APR -8 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FL

cf 5/29/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McArthur Properties LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000305840

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:

Lee McArthur Scott

Name of Person

McArthur Properties LLC

Name of Firm/Company

300 Cherry Street Unit 11

Address

Panama City, FL 32401

City/State and Zip Code

lee@mcArthur.law

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

For further information concerning this matter, please call:

Lee McArthur Scott

850 832-3032

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Marjorie Hamm

hereby resigns as

Name of Registered Agent

Registered Agent for McArthur Properties LLC

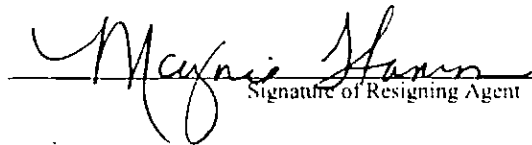
Name of Limited Liability Company

L22000305840

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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