

M00000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

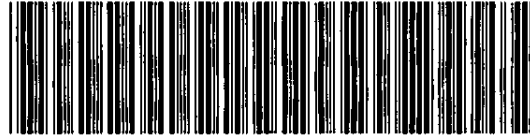
(Business Entity Name)

(Document Number)

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15 JAN 12 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4:58 PM JAN 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCMAHAN FAMILY ENTERPRISES, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAY E. SWAIN

(Name of Person)

MCMAHAN FAMILY ENTERPRISES, LLC

(Firm/Company)

✧ **P.O. BOX 298 New address: 7816 Alderman road**

(Address)

✧ **LIVE OAK, FLORIDA 32064: Jacksonville, FL 32211**

(City/State and Zip Code)

For further information concerning this matter, please call:

RAY E. SWAIN

(Name of Person)

904

at ()

724-0591

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

* Please note new mailing address. P.O. Box has been closed

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MCMAHAN FAMILY ENTERPRISES, LLC

(Name of limited liability company)

FLORIDA

(Jurisdiction of its organization)

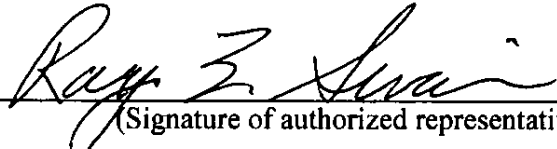
NOVEMBER 2, 2000

(Date registered with Florida Department of State)

M00000002303

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

RAY E. SWAIN

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA