# M04000004440

(Re	equestor's Name)	
(Ad	idress)	<u></u>
(Ad	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
The second se		
lame ,vailabili <b>ty</b>		
10cument	D00 1	
xaminer	DCC   Office Use Or	nly
- lpdater	pcc	
indater antver	DCC	
nowleagement	UCC	
a. P. Verityer	DCC	



600041702666

10/15/04--01051--020 \*\*160.00

SECRETAILY OF SE

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ns	
SUBJECT: McLain Sout	neast LLC (Name of Limited Liability Company)	
DOCUMENT NUMBER:		
The enclosed Resignation of F for filing.	egistered Agent for a Limited Liability Company and fee are submitted	
Please return all corresponden	ce concerning this matter to the following:	
Kent McLain (Name o	Person)	
McLain Southeast LLC (Name of Fi	m/Company)	
P. O. Box 1282		
(Add	ress)	
	2350	
(City/State a	nd Zip Code)	
For further information concer	ning this matter, please call:	a di
Kent McLain	at (601 ) 656-6333 (Area Code & Daytime Telephone Number)	Mary.
(Name of Perso	(Area Code & Daytime Telephone Number)	í
Enclosed is a check made paya liability company or \$25.00 fo liability company.	ble to the Florida Department of State for \$85.00 for an active limited an administratively dissolved, voluntarily dissolved or withdrawn limit	ed
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

INHS17(11/02)

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. McLain Southe	east LLC				
	(Name of Forei	gn Limited Liab	ility Company)		_
State of Miss	sissippi	3	20-1575012		
(Jurisdiction under the company is organized)	law of which foreign limit	ed liability	(FEI number, if	applicable)	
September 200	04	5	Perpetual		
(Date o	of Organization)		(Duration: Year limited liabili exist or "perpetual")	ty company will ceas	e to
	(Date first transacted by	isiness in Florid	a, if prior to registration.) determine penalty liability)		<del></del>
110 1.	•	500.502 1 .5. to	acteriume penatty masinty)		
113 Magnolia	St.			<u> </u>	
Philadelphia,	. Ms. 39350				
		eet Address of F	Principal Office)		_
			<u></u>		
If limited liability	company is a manager	-managed co	mpany, check here X		
	ual business addresses (	_	ng members or managers a	are as following OC	77
P. O. Box 604	4			SHY 5	[17]
Philadelphia,	, Ms. 39350			<b>&gt;</b>	
jurisdiction under the l		(A photocopy is	sold, duly authenticated by the of not acceptable. If the certificate is xd.)		
. Nature of busine	ess or purposes to be co	nducted or pr	omoted in Florida: Plum	oing	<del></del>
and Mechanic	al				*
•	1 1	1700	8		
	(In accordance with section	608.408(3), F.S.,	rized representative of a number of this document contract the facts stated herein are true.	stitutes	
	Samuel Kent McL		_		
•		or printed na	me of signee		

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

McLain Southeast, LLC		······································			_
2. The name and the	Florida street address o	f the registered ag	gent and office a	re:	
	CTC	Corporation System			
· <del></del>	-	(Name)		······································	
	1200 S	outh Pine Island Roa	ıd		
,	Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)		
	Plantation	, FL	33324	CLC AM	11
		City/State/Zip		7 T	Same and the same
liability company at the agent and agree to ac relating to the proper obligations of my post	ns registered agent and to he place designated in thi it in this capacity. I furthe and complete performan ition as registered agent o	s certificate, I her er agree to comply ce of my duties, a	reby accept the ap y with the provisi nd I am familiar	ppointment as registerions of all statutes, with and accept the	red
CT	Corporation System				

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## State of Mississippi

### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MCLAIN SOUTHEAST, LLC

Formed September 2, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

107 MAGNOLIA PHILADELPHIA MS 39350

and that the registered agent at that address is:

MCLAIN, KENT

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office October 11, 2004

ric Clark

ERIC CLARK Secretary of State

Certification Number: 6697762-1 Page I of I Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify