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Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: McLAIN Southerst, LLC (Name of Foreign Limited Liability Company)
(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:
PHILLIP Malan (Name of Person)
MeLAIN DLYMBING & ELECTRICAL (Firm/Company)
107 MAGNOLIA ST. (Address)
PHILADELPHIA MS 39350 (City/State and Zip Code)
For further information concerning this matter, please call:
PHILLIP McLAIN at (601) 656-6333 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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 \$\sum \\$30 Filing Fee & \$\sum \\$55 Filing Fee & \$\sum \\$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

McLAIN SOUTHEAST LLC		
(Name of limited liability company)		
M(551551 PP)		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surren authority to transact business in this state.	ders.	its
This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice ed or	on 1 a
107 MAGNOLIA ST. (Mailing address)		
PHILADER PHIA, M5 39350 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of a	.ny
(Signature of member or authorized representative of a member)	0	DIVID
(Typed or printed name of signee)	08 MAR 17 PM	FILED ECRETARY O SION OF COR
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Filing Fee: \$25.00