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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION MCARTHUR GORDON COMMODITIES LLC

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|---------|--|---|
| SUBJ | JECT: MCARTHUR GORDON COMMODITIES LLC | |
| | Name of Limited Liability Co | ompany |
| DOC | UMENT NUMBER: M15000005637 | |
| The en | nclosed Resignation of Registered Agent for a Limited Li ling. | iability Company and fee are submitted |
| Please | e return all correspondence concerning this matter to the f | following: |
| Wen | ndy Hefley | |
| | Name of Person | |
| Inco | orp Services, Inc. | |
| | Name of Firm/Company | |
| 3773 | 3 Howard Hughes Parkway, Suite 500S | |
| | Address | |
| Las \ | Vegas, NV 89169-6014 | |
| | City/State and Zip Code | |
| proc | cessing@incorp.com | |
| E | E-mail address: (to be used for future annual report notification) | |
| For fu | urther information concerning this matter, please call: | |
| Incor | ot (| 366-2500 ext 6601 |
| • | Name of Person Area Code II | Daytime Telephone Number |
| liabili | osed is a check made payable to the Florida Department of ity company or \$25.00 for an administratively dissolved, v ity company. | f State for \$85.00 for an active limited voluntarily dissolved or withdrawn limite |

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

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | s of section 605.011: | 5, Florida Statutes, the under | ersigned, | | |
|--|--------------------------------|--|--|------------|------------|
| Incorp Services, Inc. | | | , hereby resigns as | | |
| | Name of Registered Ager | | | | |
| Registered Agent for M | CARTHUR GOR | DON COMMODITIES | LLC | | |
| | | | | · | |
| | Name of Lim | ited Liability Company | | | |
| M15000005637 | | | | | |
| Document Nur | nber, if known | | | | |
| A copy of this resignation | n was mailed to the a | bove listed limited liability | ompany at its last known ad | ldress. | |
| The agency is terminated If signing on behalf of ar | Me | ntinued on the 31st day after Signature of Resigning Agent | er the date on which this states | ment is fi | iled. |
| - - | Wendy Hefley fo | or Incorp Services, Inc | . As | n en | |
| | | yped or Printed Name esentative | | SEP | - "" " |
| | | Capacity | (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | , see e.g. |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability of Administratively dissolved | company yed/ yoluntarily dissolved/ | ## 8: 22 | 7000 |
| | \$ 85.00 | FEES: Active limited liability of Administratively dissolved withdrawn limited liabi | company ved/ voluntarily dissolved/. | · 100 | ÷. |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314