

P22000004211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

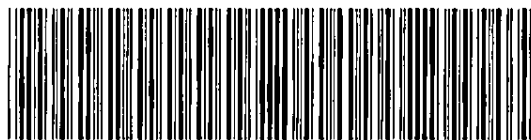
(Business Entity Name)

(Document Number)

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2025 FEB 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2025 FEB 12 PM 2:15
SECRETARY of State
TALLAHASSEE, FL

(Name of Corporation)

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

888 534-3018

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, LEGALCORP SOLUTIONS, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for MCLAUGHLIN CONSULTING GROUP INC.

(Name of Corporation)

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(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

TRAVIS CRAIBTREE

(Typed or Printed Name)

MEMBER

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FL

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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