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| PICK-UP WAIT MAIL                       |  |  |  |
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| (Business Entity Name)                  |  |  |  |
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| (Document Number)                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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10 APR -5 PH 3: 56

D. BRUCE
APR 6 2010

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section 'Division of Corporations   |   |
|--|---|
| SUBJECT: JLTL LLC (Name of Limited Li  | ability Company)  |
| The enclosed member, managing member or manafiling.  | ager resignation and fee(s) are submitted for   |
| Please return all correspondence concerning this r   | natter to:  |
| Penny K. Every (Contact Person)  |   |
| Jeffrey C. Sweet, Esquire (Firm/Company)   |   |
| 595 W. Granada Blvdd, Suite A  | APR -5 PM   |
| (Address) Ormond Beach, FL 321784  | EFS & C   |
| (City/State and Zip Code)  For further information concerning this matter, ple   |   |
| Benny K. Every at (  | 386 ) 677-3431  Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the  X \$25 Filing Fee  | Florida Department of State for:  \$55 Filing Fee & Certified Copy                                      |
| 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 |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the l  | imited liability company as it ap   | pears on the records of the Flo   | orida Departme   | nt<br>-   |
|---|---|---|--|---|
| 2. This limited liabil Florida  | ity company was organized unde  | er the laws of:   | 10 APR -5<br>CLLAHASSE                                 | Ť   |
| 3. The Florida document   | ment/registration number of this  | limited liability company is:   | PH 3: 56<br>OF STATE<br>E. FLORIDA                     | Image: Control of the |
| and as Trustee of this limited liab resignation in writ E. Joseph LeCo Trust under Se | LeCompte, Individually me of Person Resigning) ility company and affirm the liming. mpte Individually and as cond Amended and Restated ming Member, Managing Memb | (Prited liability company has been trustee of the E. Jose I Trust Agreement dated | <i>rint Title)</i><br>en notified of m<br>eph LeCompte | Revocable   |
| Filing Fee:<br>Certified Copy:  | \$25.00 (Required)<br>\$30.00 (Optional)  |   |  |   |