

L00000003757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alan Gordon **SAVE**

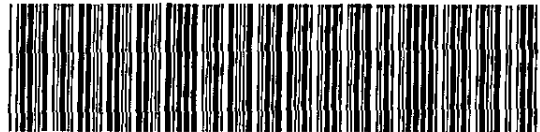
AUTHORIZATION BY PHONE TO

change of Stat. # LLC INFO

Date 01/11/05

by D. Carrell

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign.
01/11/05 DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JHS VENTURES OF FLORIDA, LLC.
(Name of Corporation)

DOCUMENT NUMBER: L00000003757

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

Please return all correspondence concerning this matter to the following:

Alan A. Mave Gordon
(Name of Person)

(Name of Firm/Company)

1997 Spoonbill St.

(Address)

Jacksonville, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Gordon

(Name of Person)

at (904) 472-4808

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CH. #17613

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ALAN M. GORDON

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

JHS Ventures OF
FLORIDA, LLC

(L0000000 3757)

(Name of Limited Liability Company)

A copy of this resignation was mailed to the above listed limited liability company 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.

Alan Gordon

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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