

L000000012097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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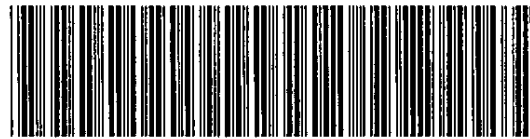
(Business Entity Name)

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TALLAHASSEE, FL 32399

RA Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James E. Ray Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L000000012097

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aime Ray Hubbard
Name of Person

James E. Ray Enterprises, LLC
Name of Firm/Company

30 Lupine Road
Address

Santa Rosa Beach, Fl. 32459
City/State and Zip Code

aim Hubbard@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aime Ray Hubbard at (828) 206-0903
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

John R. Ray, hereby resigns as
Name of Registered Agent

Registered Agent for James E. Ray Enterprises, LLC
Name of Limited Liability Company

L00000012097
Document Number, if known

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.

John R. Ray
Signature of Resigning Agent

If signing on behalf of an entity:

John R. Ray
Typed or Printed Name
Registered Agent
Capacity

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SECRETARY OF STATE

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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