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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , |
| (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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M. MILLIGAN EXAMINER

MAR 14 2014



January 13, 2014

ANTHONY RUBEN 504 SPRINGCREEK DR LONGWOOD, FL 32779

SUBJECT: JORDAN DEVELOPMENT GROUP, LLC

Ref. Number: L01000011469

We have received your document for JORDAN DEVELOPMENT GROUP, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that your document must comply with chapter 605 for a limited liability company. Enclosed is the proper form for your convenience.

The name of the current registered agent listed on our records is "Tony Ruben". Please complete the new application with the appropriate name of the registered agent as listed on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 613A00028730

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: JORDAN DEVELOPMENT CROUP Name of Limited Liability Company |
| Name of Limited Liability Company |
| DOCUMENT NUMBER: 40 (0000 11469 |
| 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: |
| Anthony Ruben Name of Person |
| Name of Person |
| |
| Name of Firm/Company |
| 504 SPRING CREEK DR. Address |
| Address |
| LONGWOOD, FL 32779 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Anthony Ruben at (40) 927-0196 Name of Person at (40) 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

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 605 | .0115, Florida Sta | tutes, the und | dersigned, | | | |
|---------------------------|-------------------|---------------------------|----------------|-----------------------|------------------|------------|---------|
| | 70NY A | | | _, hereby resigns a | s | | |
| Registered Agent for | · · | • | MENT | CROUP | | | - |
| | Name o | of Limited Liability Co | ompany | | | | ٠ |
| Document No. | | the above listed li | | | | | |
| The agency is terminate | ed and the office | discontinued on th | e 31st day af | ter the date on which | th this state | ment is | s filed |
| | | Tay Al- Signature of R | esigning Agen | t | | | TI |
| If signing on behalf of a | an entity: | | | | History Comments | 777 777 | |
| | | Typed or Printed | Name | | | છ ? | |
| | | Capacity | | | | | |

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