

LD2000004326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

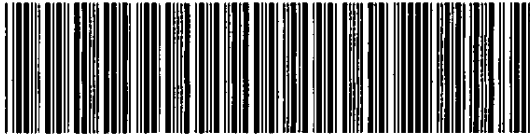
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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RA Resign
Flews
8-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J+S Development Company, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L0200000 4326

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:

Lewis S. James III
Name of Person

Name of Firm/Company

23741 Hwy 36
Address

Summerdale, AL 36580
City/State and Zip Code

sammy.james.32328@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sammy James at (251) 989-9559
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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,

Fisher + Romans

Name of Registered Agent

, hereby resigns as

Registered Agent for

J+S Development Company, LLC

Name of Limited Liability Company

L02000004326

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.

Laura B Fisher

Signature of Resigning Agent

If signing on behalf of an entity:

Laura B. Fisher

Typed or Printed Name

Partner

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withdrawn limited liability company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**

FILED
09 AUG 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA