

L03000010927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

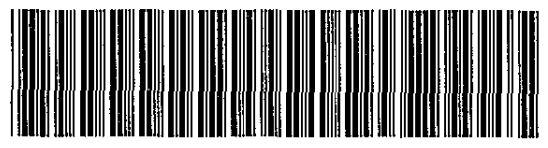
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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01/18/05--01014--010 \*\*55.00

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DELAWARE STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2005 JAN 18 PM 2:05  
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TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: MEGAN HODGE

**\*\*FILE SECOND**

DATE: 1/18/2005

REF. #: 1227.33877

CORP. NAME: JAX ONE, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION     | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                 | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION         | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                 | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION   |   |  |
| <input checked="" type="checkbox"/> OTHER: RESIGNATION |   |  |

STATE FEES PREPAID WITH CHECK# 511074 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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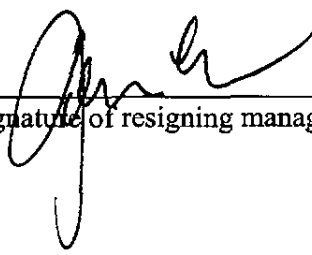
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, John E. Cork, hereby resign as Managing Member  
(Title)

of JAX ONE, LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

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**FILING FEE IS \$25.00**

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