

L030000 17056

(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:

Office Use Only



300269324563

02/12/15--01018--007 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 12 PM 3:47

FEB 16 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

JINT HOLDINGS LLC

SUBJECT: _____
Name of Limited Liability Company

L03000017056

DOCUMENT NUMBER: _____

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:

Gary W Krat

Name of Person

Name of Firm/Company

5606 Vintage Oaks Terrace

Address

Delray Beach FL 33484

City/State and Zip Code

krat7@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary W Krat

561

504 0496

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Gary W Krat

, hereby resigns as

Name of Registered Agent

Jint Holdings LLC

Registered Agent for

Name of Limited Liability Company

L03000017056

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 12 PM 3:47

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.

Gary W Krat

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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