## 103000053415

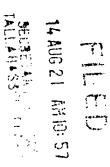
(Re	equestor's Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Jeffrey Randolph, LLC Name of L	imited Liabilit	y Company	<del></del>	
DOCUMENT NUMBER: L03000053415				
The enclosed Resignation of Registered Ager for filing.	nt for a Limite	d Liability Company and fee	are submitted	
Please return all correspondence concerning t	his matter to t	he following:		
Thaddeus Freeman, Esq.				
Name of Person		<b>-</b>		
Thaddeus Freeman, PLLC		•		
Name of Firm/Company		_	三名 子	
8150 Cypress Garden Court			TIL.	
Address		_	22	
Largo, FL 33777				
City/State and Zip Code		_	5 0	
thaddeus10@aol.com			<u> </u>	
E-mail address: (to be used for future annual repo	ort notification)	_		
For further information concerning this matter	r, please call:			
Thaddeus Freeman, Esq.	727	394-2000		
Name of Person	Area Code	Daytime Telephone Number	<u></u>	
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administra liability company.	da Departme tively dissolv	nt of State for \$85.00 for an a ed, voluntarily dissolved or v	active limited vithdrawn limited	
MAILING ADDRESS:		ET ADDRESS:		
Registration Section Division of Corporations	_	tration Section		
P.O. Box 6327		Division of Corporations  Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	605.0115, Florida Statutes, th	ne undersigned,		
Thaddeus Freeman, PLLC  Name of Registered Agent		, hereby resigns as		
		, 10100) 10018110 110		
Registered Agent for Jeffrey Rando	olph, LLC			
Nan	ne of Limited Liability Company			
L03000053415			t	
Document Number, if known				
A copy of this resignation was mailed The agency is terminated and the office			atement is fil	led.
	Signature of Resigning	Agent	4 #UG 21	A-rime Barren
If signing on behalf of an entity:			A 0:	5 mg-mg
Thaddeus	Freeman, PLLC			L.
	Typed or Printed Name	<del></del>	57	
Managing	Member			
<del> </del>	Capacity			

8 85.00 Active limited liability company
8 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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