L04000 004 310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations
SUBJECT: Jimbo Drywall L. Name of Limited Liability Company DOCUMENT NUMBER: L. 0400064310
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:
Name of Person
Name of Firm/Company
3317 Side Out Ct Address
Jack Son ville El 32277 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 382 4132 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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



January 6, 2020

JAIME GARCIA 3317 SIDE OUT CT JACKSONVILLE, FL 32277

SUBJECT: JIMBO DRYWALL, LLC.

Ref. Number: L04000004310

We have received your document for JIMBO DRYWALL, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jaime Garcia is not, nor has he ever been the registered agent for the above referenced entity. If he needs to resign as manager/member, please see the enclosed information.

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) 245-6050.

Letter Number: 120A00000291

Rebekah White Regulatory Specialist II Supervisor

2:11.3 (c. rusas

COVER LETTER

Division of Corporations	
SUBJECT:	Liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Laime Cascia (Contact Person)	
(Firm/Company)	
3317 Side Out at	
Lickson ville P132277 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
(Name of Contact Person)	Cl() 4) 382 413 2 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2020 J. 1.21 AM 10: 21

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

ę	nited liability company as it appears on the records of the Florida Department Who Drywall LLC
4	ent/registration number assigned to this limited liability company is: 7004310
	per/manager withdrew/resigned or will withdraw/resign is:
	hereby withdraw/resign as a e of Person Resigning)
Manager	int Title)
of this limited liabilities resignation in writing	ity company and affirm the limited liability company has been notified of my
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)