

L04660009905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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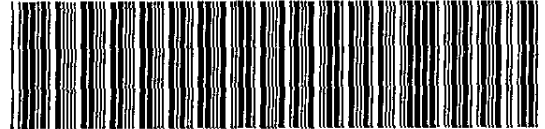
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J & A Associates, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000009905

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Kaviany
(Name of Person)

J & A Associates, LLC
(Name of Firm/Company)

P.O. Box 1084
(Address)

Tallahassee, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Kaviany at (561) 722-0812
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 24, 2004

ALEX KAVIARY
P.O. BOX 1081
LOXAHATCHEE, FL 33470

SUBJECT: J&A ASSOCIATES, LLC
Ref. Number: L04000009905

We have received your document for J&A ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00051701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

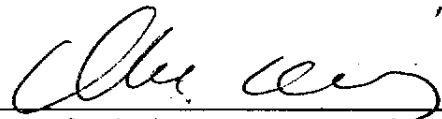
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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ALEX KAVIANY, hereby resign as MBRM
(Title)
of JVA ASSOCIATES, 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)

Date Resigned 5-01-2004

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

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