L04000015708

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DIVISION OF CORPORATIONS

OF CORPORATIONS

OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JCP, LLC		
(Name of Limi	ted Liability Company)	
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for	or
Please return all correspondence concerning	this matter to:	
Paul A. Williamson		
(Contact Person)	• • • • • • • • • • • • • • • • • • • •	
Summit Financial Services, LL	.c	07 FE
(Firm/Company)		83
151 Southhall Lane, Suite #13	30	07 FEB 19 PM 1:18
(Address)	<u> </u>	35
Maitland, FL 32751		:18
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
Paul Williamson	at (407_) 629-2333	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is: JCP	mited liability company as it	appears on the records	of the Florida Dep	artment
	ty company was organized u	nder the laws of:		07 FEB 19: PM 1: 1
3. The Florida docum <u>L04000015</u>	ent/registration number of th	is limited liability com	pany is:	1: 18
4. 1, Paul A. Wil	liamson we of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)	
resignation in writing			y has been notified	i of my
Signature of Resign	ing Member, Managing Men	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			