# 105000016541

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J. BRYAN
OCT 2 8 2012

**EXAMINER** 



#### Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

10/17/2012 FLORIDA

**REP UNIT:** 

JTL ESCRIBANO, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 23146 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

PILEU 2012 OCT 22 PM 1: 49 SECRETARY OF STATE SECRETARY OF STATE

Capitol Corporate Services, Inc. Registered Agent Services



## **COVER LETTER**

SUBJECT: JTL ESCRIBANO, LLC  Name of Limited Liability Company
DOCUMENT NUMBER: L05000016541
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:
Rhonda Peirce
Name of Person
Capitol Services Registered Agent Department  Name of Firm/Company  800 Brazos, Suite 400  Address  Austin, Texas 78701  City/State and Zin Code
Capitol Services Registered Agent Department  Name of Firm/Company  800 Brazos, Suite 400  Address
Austin, Texas 78701  City/State and Zip Code
rpeirce@capitolservices.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhonda Peirce at (800) 345-4647 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Amendment Section Division of Corporations

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

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the un	dersigned,	
Capitol Corporate Services, Inc. , hereby re	esigns as	
Name of Registered Agent		
Registered Agent for		
JTL ESCRIBANO, LLC		
Name of Limited Liability Company		~'
L05000016541		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company a	at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date of	on which this statement is	s filed.
Signature of Resigning Agent		
If signing on behalf of an entity:		
Cheryl Roberts Typed or Printed Name	SECRI TALL A	F   L
President	HAS	3 =
Capacity	SEE SEE	
	日の	
TORE ANICO ENERGY	RETARY OF STATE AHASSEE, FLORIDA	ED ED
FILING FEES:  \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ volunts withdrawn limited liability company	arily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314