

LD5000032740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

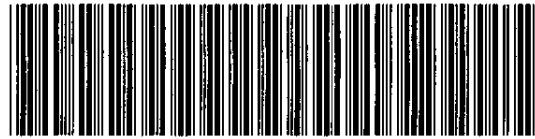
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tew's
4-3-08

Law Offices
of

GONANO & HARRELL

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AND COUNSELORS AT LAW

RIVERSIDE NATIONAL BANK BUILDING
1600 South Federal Highway, Suite 200
Fort Pierce, Florida 34950-5194
Telephone (772) 464-1032
Facsimile (772) 464-0282

DOUGLAS E. GONANO
Board Certified Real Estate Lawyer
email: dgonano@gh-law.com

DANIEL B. HARRELL
email: dharrell@gh-law.com

MOLLY L. ROTTINGHAUS
email: mrottinghaus@gh-law.com

March 28, 2008

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

RE: 4 J's Limited Liability Company

To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter;
2. Resignation of Registered Agent for a Limited Liability Company;

Also enclosed is this firm's trust account in the amount of \$85.00 in payment of the filing fee.

Sincerely,



Stacy E. Consalvo
Legal Assistant to
Douglas E. Gonano, Esquire

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 4 J'S LIMITED LIABILITY COMPANY
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000032740

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:

Douglas E. Gonano, Esquire
(Name of Person)

Gonano & Harrell
(Name of Firm/Company)

1600 S. Federal Highway, Suite 200
(Address)

Fort Pierce, Florida 34950
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas E. Gonano at (772) 464-1032
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 undersigned,
JEFF S. MIRET, hereby resigns as
(Name of Registered Agent)

Registered Agent for 4J'S LIMITED LIABILITY COMPANY

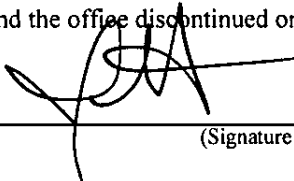
(Name of Limited Liability Company)

L05000032740

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 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

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