1050000 38 615

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		5/16
	Office Use Onl	v ((())



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05/09/05--01063--004 **30.00

SEORETARY OF STATE

FILED 05 MAY -9 AM 11:00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: JACK SONVILLE LAND COMPANY, LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J. Garcia
JACKSONVILLE LAND COMPANY, LLC (Firm/Company)
3800 South Ocean Drive, Suite 210
Hollywood FL 33019 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott Roth at (954) 630-8880 35 36 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
FLOAT
Enclosed is a check for the following amount:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

☐ \$25.00 Filing Fee

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

\$30.00 Filing Fee &

Certificate of Status

MAILING ADDRESS:

☐ \$60.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Neil	Fairman	, hereby	resign as	MGR (Title)	•	
of_	JACK	SONVILLE (Limited	LAND d Liability Company		(,	<u></u>	_,
		npany organized under					ىـــ
and a	affirm that the lin	nited liability company	has been notifie	ed in writing o	of the resignat	tion.	
	✓ (Sigr	nature of resigning man	nager, managing	member or m	nember)	₹s	93

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