Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: LINDELL & FARSON, P.A.

Account Number : I20030000019

Phone

: (904)880-4000

Fax Number

: (904)880-4013

REGISTERED AGENT RESIGNATION

JCJ3, LLC

Certificate of Status	1	
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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JCJ3, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L05000053721
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitte for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Allums, Paralegal (Name of Person)
Lindell & Farson, P.A. (Name of Firm/Company)
12276 San Jose Blvd. #126
(Address)
Jacksonville, FL 32223
(City/State and Zip Code)
For further information concerning this matter, please call:
Kimberly Allums at (904) 880-4000 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		ASSET I
Pursuant to the provisions of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	开会 玉
Lindell Farson & Pincket, P.A.	, hereby resigns as	9: 2: FLOR
(Name of Registered Agent)		
Registered Agent for JCJ3, LLC		
(Name of Limited Liability Company)		1
L05000053721		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liab	bility company at its last know	n address.
The agency is terminated and the office discontinued on the 31st day (Signature of Resigning A	12	tatement is filed.
If signing on behalf of an entity:		
Linde Ferson & Pincket, P.A	4.	
(Typed or Printed Name)		
President		
(Capacity)		

Active limited liability company
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withdrawn limited liability company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