# L05000105267

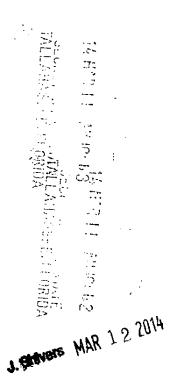
(Re	questor's Name)	
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Y GRO	JP, LLC	
·	Name of Limited Liability Company	
DOCUMENT NUMBER:	L05000109267	

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:

Betsy Courant				
Name of Person				
Hunt & Gross, PA				
Name of Firm/Company				
185 NW Spanish River Blvd.				
Address				
Boca Raton, FL 33431				
City/State and Zip Code				

betsy@huntgross.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betsy Courant	ai (	997-9223
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ons of section 608.416(2) or	608.509, Florida Statutes, the undersigned	d,
HCRM CORP	<b>)</b> .	, hereby resigns as	
	Name of Registered Agent	,,	
Registered Agent for	Y GROUP, LLC		
			· · · · · · · · · · · · · · · · · · ·
	Name of Limited Li	ability Company	
L0500010926	<b>37</b>		
Document N	umber, if known		
A copy of this resignati	on was mailed to the above	listed limited liability company at its last	known address.
The agency is terminate	ed and the office discontinue	ed on the 31st day after the date on which	this statement is filed.
		The second second	
	Sign	ature of Resigning Agent	
If signing on behalf of a	an entity:		en e
	Andrew M. Gros	SS	
	• • • • • • • • • • • • • • • • • • • •	r Printed Name	
	President		
	Са	pacity	
	FILING FEE	S:	
	\$ 85.00 Ac \$ 25.00 Ad	tive limited liability company ministratively dissolved/ voluntarily diss thdrawn limited liability company	Sived/ S

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