L0500014180

(Requestor's Name)				
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T. HAMPTON

COVER LETTER

_	istration Section ision of Corporations			
CUD ID CO	. Ultimate Bounce, LLC	:		
SUBJECT:	(Name of Limited Liability Company)			
The enclose filing.	ed member, managing member o	or manager resignation and fee(s) are submitted for		
Please retur	n all correspondence concerning	g this matter to:		
Alfonso	Rojas			
	(Contact Person)			
Ultimate	Bounce, LLC			
	(Firm/Company)			
3300 11	Th ST N			
	(Address)			
Saint Pe	tersburg, Florida 33704	•		
	(City/State and Zip Code)			
For further i	information concerning this mat	ter, please call:		
Alfonso I	Rojas	_{at (} 727 ₎ 3652523		
(1)	Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple	ease find a check made payable	to the Florida Department of State for:		
	\$25 Filing Fee	✓ \$55 Filing Fee &		
	_	Certified Copy		
	OURIER ADDRESS:	MAILING ADDRESS:		
Registration		Registration Section		
	Corporations	Division of Corporations		
Clifton Buil		P.O. Box 6327		
	tive Center Circle Florida 32301	Tallahassee, Florida 32314		
i ananassee,	, I (OHUA 34301			

CR2E079 (5/06)

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as imate Bounce, LLC	it appears on the record	s of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L0500011	ument/registration number of 4180	this limited liability cor	npany is:
4. I. Jerome Jackson		, hereby resign as a	Manager
(Print Name of Person Resigning)		,,g	(Print Title)
of this limited lia resignation in wi	bility company and affirm the iting.	e limited liability compa	ny has been notified of my
	7		
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		12 PIV
Certified Copy:	\$30.00 (Optional)		≥ ISEC