# L05000/20853

(Requestor's Name)  (Address)	900162199599		
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)  Certified Copies <u>Conserved of Certificates of Status</u>	THE TARK TALLAHASSE		
Special Instructions to Filing Officer:	MAResign Fills Thems 11-2-09		
Office Use Only			

### **COVER LETTER**

TO:

Amendment Section Division of Corporations

•			
SUBJECT: Jer	jef Leasing Company, LLC Name of Limited Liability Company		
DOCUMENT NUMBER:	L05000120853		
The enclosed Resignation of Registe for filing.	ered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence cor	ncerning this matter to the following:		
James H. Rich Name of Perso	ney n		
James H. Richey Name of Firm/Com			
707 W. Eau Gallie Address	e Blvd		
Melbourne, FL 3 City/State and Zip	2935 Code		
E-mail address: (to be used for future	annual report notification)		
For further information concerning t	this matter, please call:		
James H. Richey Name of Person	at ( 321 ) 242-7552  Area Code & Daytime Telephone Number		
Enclosed is a check made payable to liability company or \$25.00 for an a limited liability company.	the Florida Department of State for \$85.00 for an active limited dministratively dissolved, voluntarily dissolved or withdrawn		
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	Tallahassee, FL 32301		

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Florida Statu	tes, the undersigned,	
James H. I	Richey, Esquire	, hereby resigns as	
<del></del>	Registered Agent	ZSE B	1
Registered Agent for	Jerjef Leasing Compa	iny, LLC SECRETAR	I S
	Name of Limited Liability Company	FOR U	O
L0500012085		ELORIE STATE STATE	ı
Document Number, if kn	own	7	
A copy of this resignation was ma	ailed to the above listed limited liability of	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 fi	iled.
If signing on behalf of an entity:			
<del></del>	Typed or Printed Name		
	Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	on 608.416(2) or 608.509, Flo	rida Statutes, the undersigned	•
James H. F	Richey, Esquire	, hereby resigns a	10日
	egistered Agent	,, ,	温息厂
Registered Agent for	Jerjef Leasing	Company, LLC	题 6 四
	Name of Limited Liability Compar	ny	P W W
L05000120853	<del></del>		ALL S
Document Number, if kno	own		
A copy of this resignation was ma	iled to the above listed limited	l liability company at its last k	known address.
The agency is terminated and the			his statement is filed.
If signing on behalf of an entity:	Signature of Resigni	ng Agent	
<del></del>	Typed or Printed Name		

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