## L06000042118

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· —				
Special Instructions to Filing Officer:				



300114829053

01/14/08--01021--015 \*\*25.00

08 JAN 14 PM 2: 43
SECRETARY OF STATE
SECRETARY OF STATE

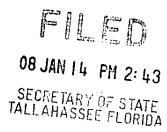
Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JOEDAN ENTERPLISES LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JAMES E JORDAN (Contact Person)
JORDAN ENTERPRISES LCC (Firm/Company)
4747 310 St. WOLTH # 4307 (Address)
ST. PETERS BURG FC 337/6 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (727) 410-8677  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company	as it appears on the records of	of the Florida Department
of State is:	JORDAN E	NTERPRISES	LLC.
<u></u>	VVAPI		
2 This limited liab	ility company was organiz	red under the laws of	
FLUE		ed under the laws of.	
FLOR	713	·	
	,		•
3. The Florida doci	ument/registration number	of this limited liability comp	pany is:
	00 42718		·
<u> </u>	00 72110	·'	
10.00	C \		MANIACER
4. I, <u>JAME</u>	2 JOKOKO	, hereby resign as a _	MANAGEN (Point Title)
, ,			
		the limited liability company	has been notified of my
resignation in wr	iting.		
		$\rightarrow$	
Signature of Resi	gning Member, Managing	Member or Manager	
	,		
•			
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		