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



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SECRETARY OF STATE
ALLAHASSEE, FINALE

D. BRUCE

APR 28 2009

EXAMINER



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 of State is: JAC	limited liability company as i	t appears on the records of the	Florida Department
	lity company was organized E OF FLORIDA	under the laws of:	09 APR 27 SECRETAR TALLAHASS
3. The Florida docu L06000055	•	this limited liability company i	PH 2: 13 OF STATE EE. FLORIDA
4. I, GEORGE		, hereby resign as a MGF	3
of this limited lial resignation in wr	· ·	limited liability company has	(Print Title)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		