LD6000017402

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmess Entry Name)
(Document Number)
Certified Copies Certificates of Status

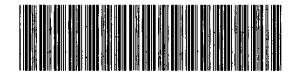
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L. SELLERS

JUN 27 2008

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JMC Construction Services, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L06000077402
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:
Luke Sherlock
(Name of Person)
Sherlock Law Firm, PL
(Name of Firm/Company)
PO Box 1824
(Address)
Boca Raton, FL 33429-1824
(City/State and Zip Code)
For further information concerning this matter, please call:
Luke Sherlock (Name of Person) at (561) 414-4604 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 608.416(2	2) or 608.509, Florida Sta	tutes, the undersigne	ed,		
The Sherlock La	w Firm, PL		_, hereby resigns as	s		
(Name of Registered Age	nt)	_,,	-		
Registered Agent for JN	1C Construction	on Services, LLC) !			
	(Name of Lin	nited Liability Company)	***			
L06000077402						
(Document Number	if known)					
(Document Number	, ii Kilowii)					
A copy of this resignation	was mailed to the al	bove listed limited liabilit	y company at its last	known add	dress.	
The agency is terminated	ZZ entity: Lyhe	(Signature of Resigning Agent Sharlack, Mar (Sped or Printed Name)	INGEL	ı this statem	ent is fi	iled.
		(Capacity)				
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	ility company	SEGRETARY OF STATE TALLAHASSEE, FLORID	2008 JUN 25 AM II: 06	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314