

LO6000081364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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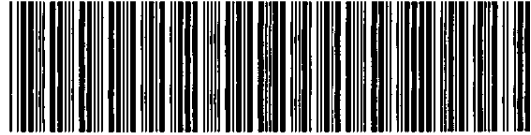
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 PM 2:28

APR -3 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John Joseph Dunn, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000081364

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:

Dalia L. Travis
Name of Person

John Joseph Dunn, LLC
Name of Firm/Company

4204 Mayfair Lane
Address

Port Orange, FL 32129
City/State and Zip Code

daliasellshomes@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Dunn at (386) 212-0388
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2012

DALIA L TRAVIS
JOHN JOSEPH DUNN LLC
4204 MAYFAIR LN
PORT ORANGE, FL 32129

SUBJECT: JOHN JOSEPH DUNN LLC
Ref. Number: L06000081364

We have received your document for JOHN JOSEPH DUNN LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00008489



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 APR -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 19, 2012

DALIA L TRAVIS
JOHN JOSEPH DUNN LLC
4204 MAYFAIR LN
PORT ORANGE, FL 32129

SUBJECT: JOHN JOSEPH DUNN LLC
Ref. Number: L06000081364

We have received your document for JOHN JOSEPH DUNN LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00008489

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

~~Dalla L. Travis~~ John J. Dunn, hereby resigns as
Name of Registered Agent

Registered Agent for John Joseph Dunn, LLC

Name of Limited Liability Company

L06000081364

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability 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 filed.


Signature of Resigning Agent

If signing on behalf of an entity:

~~DALLA L. TRAVIS~~ JOHN JOSEPH DUNN
Typed or Printed Name
MEMBER MANAGER Jd Dunn
Capacity

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 PM 2:28