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COVER LETTER

т0:	Registration Section Division of Corporations	•	
SUBJ	ECT: Bob's Job Jar, LLC (Name of Lin	nited Liability Company)	
Dear S	Sir or Madam:		
The er	closed Resignation of Member, Managing	Member or Manager and fee(s) are s	ubmitted for filing.
Please	return all correspondence concerning this	matter to the following:	
Robe	ert C. Meador		
	(Name of Person)		7006 SEC
			SEP CRET
Bob's	s Job Jar, LLC		HAZA P
	(Firm/Company)		P -5 P 2: 41 TARY OF STATE ASSEE, FLORID
1147	Kings Road		F 57 52
	(Address)		2: 45 STATE FLORIDI
Nen	tune Beach, FL 32266-3213		, -
<u> 110p</u>	(City/State and Zip Code)		
For fu	rther information concerning this matter, p	lease call:	
Robe	ert C. Meador	at (904) 861-4339	
	(Name of Person)	(Area Code & Daytime Telephone	e Number)
			•
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building executive Center Circle assee, Florida 32301	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions
Enclos	ed is a check for the following amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
CR2E07	9 (8/05)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Mellanie K. Meador	, hereby resign as MGRM		
	(Title)		
of Bob's Job Jar, LLC	,		
(Limited L	ciability Company)		
a limited liability company organized under th and affirm that the limited liability company h	as been notified in writing of the resignation.		
Mulanu K- (Signature of resigning management)	Medder or member) RP 2: 45 P 2		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314