

L06000107405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

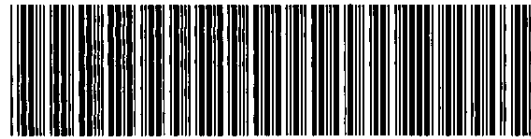
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 DEC -7 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Pos  
CQG/12/15

CUMMINGS & LOCKWOOD LLC

100

CELEBRATING  
A CENTURY  
OF SERVICE

Todd L. Bradley  
Principal

Board Certified Wills, Trusts  
and Estates Attorney

239.649.3196 Direct  
239.430.3324 Fax  
tbradley@cl-law.com  
www.cl-law.com

Street Address:  
Collier Place II  
3001 Tamiami Trail North  
Suite 400  
Naples, FL 34103

Post Office Address:  
P.O. Box 413032  
Naples, FL 34101

239.262.8311 Phone  
239.263.0703 Fax

December 2, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

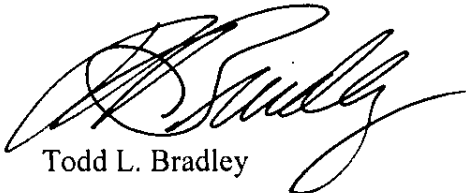
**Re: JAQCOLE LLC**

Dear Sir or Madam:

Enclosed please find my Resignation of Registered Agent for the above-referenced Limited Liability Company. I also enclose the filing fees of \$85.00.

If you have any questions or need anything further, please feel free to call me.

Very truly yours,



Todd L. Bradley

TLB/rlg  
Enclosures

Mr. Jeff Kaulbars (w/enclosure)

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10 DEC 10 AM 11:25  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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,

**Todd L. Bradley**

, hereby resigns as

Name of Registered Agent

Registered Agent for **JAQCOLE LLC**

Name of Limited Liability Company

**L06000107405**

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:

Typed or Printed Name

Capacity

FILED  
10 DEC -7 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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