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SECRETARY OF STATE
TALL AHASSEF. FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JENSEN BEACH ARCADE, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000111058

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:

Jane S. Hunston, Esquire

(Name of Person)

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

(Name of Firm/Company)

801 Maplewood Drive, Suite 22-A

(Address)

Jupiter, FL 33458

33458 (City/State and Zip Code)

For further information concerning this matter, please call:

Jane S. Hunston

_{at (} 561 ₎ 650-8237

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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) or 608.509, Florida Statu	ites, the undersigned,	1 2
Jane S. Hunston	, hereby resigns as	到場場
(Name of Registered Agent)		黑星
Registered Agent for JENSEN BEACH ARCADE,	LLC	55 T
		原富 圣
(Name of Limited Liability Company)		1.26 LORIG
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(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability of	company at its last know	own address.
The agency is terminated and the office discontinued on the 31st day after	the date on which thi	is statement is filed.
(Signature of Resigning Agent)	on	
If signing on behalf of an entity:		
Jane S. Hunston		
(Typed or Printed Name) Registered Agent		
(Capacity)		

\$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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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