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(Re	equestor's Name)	
(Ac	ddress)	
(0.0	Idress)	
(^.	iuless)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Resign		ļ
	Office Use Onl	.,



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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JFK Aggregate Retail	lers LLC
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Robert Amick	
(Contact Person)	
JFK Aggregate Retailers LLC	
(Firm/Company)	
10050 Burnt Store Road	
(Address)	
Punta Gorda, Fl 33950	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Robert Amick	at (941) 628-9131
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company Aggregate Retaile	y as it appears on the records of ers LLC	the Florida Department
2. This limited liabi	lity company was organi	zed under the laws of:	
3. The Florida docu L06001153		r of this limited liability compa	ny is:
	me of Person Resigning) ility company and affirm	, hereby resign as a	(Print Title)
Mare		· 	
Signature of Resignature of Resignat	sping Member, Managing \$25.00 (Required) \$30.00 (Optional)	3 Member or Manager	SECRETARY OF ST