LOG 000117824

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SECRETARY OF STATE

T CLINE

MAR 1 7 2010

EXAMINER



March 8, 2010

T. GEOFFREY HEEKIN P.O. BOX 477 JACKSONVILLE, FL 32201

SUBJECT: JMT HOLDINGS, LLC Ref. Number: L06000117824

We have received your document for JMT HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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 (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 810A00005624F OR

COVER LETTER

SUBJECT:	JMT Holdings, LLC	_
	L06000117824	_
The enclosed Resignation of Register for filing.	red Agent for a Limited Liability Company and fee a	are submitted
Please return all correspondence conc	cerning this matter to the following:	
T. Geoffrey Hee Name of Person	kin	
Heekin, Malin & Wenz Name of Firm/Comp		
P.O. Box 477 Address	· · · · · · · · · · · · · · · · · · ·	20101 T
Jacksonville, FL 3 City/State and Zip C		ZOID MAR 16 SECRETARY
hmw@jax-law.c E-mail address: (to be used for future a	com annual report notification)	SEE, FLORID
For further information concerning th	his matter, please call:	Om on
T. Geoffrey Heekin Name of Person	at (904) 355-0266 Area Code & Daytime Telephone Number	-
Enclosed is a check made payable to liability company or \$25.00 for an ad limited liability company.	the Florida Department of State for \$85.00 for an administratively dissolved, voluntarily dissolved or w	ctive limited ithdrawn

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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 sec	tion 608.416(2) or 608.50	9, Florida Statutes, the u	ndersigned,		
T. Geo	offrey Heekin	, hereby r	resigns as		
Name of	Registered Agent	. ,			
Registered Agent for		Holdings, LLC	_ 		
	Name of Limited Liability C	Company		,	
L0600011782	24				
Document Number, if k	mown		F.O.	20	
A copy of this resignation was n	nailed to the above listed li	imited liability company	at its last known and	2010.HAR	77
The agency is terminated and the	e office discontinued on th	e 31st day after the date	on which this sale	ent is filed.	Trans.
	Dy	Resigning Agent	Y OF S	P. (1)	רכ
If signing on behalf of an entity:			ORIDA	5 6	
	T. Geoffrey I	Heekin	_		
	Typed or Printed	Name	-		•
	Capacity	<u>.</u>	_		

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