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(Re	equestor's Name)	
(Ad	idress) ·	
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(
(Cit	ty/State/Zip/Phone	#)
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12 JUL 20 PH 8: 50
SECRETARY OF STATE ANASSEE, FLORIDA

B. BOSTICK
JUL 2 3 2012
EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: JHS & MCB Bonita Bay, LLC (Name of Limited Liability Corr	npany)		
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for	or	
Please return all correspondence concerning this matter to:			
Aaron Thompson			
(Contact Person)	•		
(Firm/Company)	-		
11411 Park Road	_		
(Address)	Ā	12	
Anchorage, KY 40223		JUL 20	
(City/State and Zip Code)	ASS	. 20	ganwert Wilde
For further information concerning this matter, please call:	E. E.	2	# E
Aaron Thompson at 502	253-4348	9.55 89.55	*Acr
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	<u></u>	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 855 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

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 as & MCB Bonita Bay	s it appears on the records of	the Florida Depar	rtment
2. This limited liabi Florida	lity company was organize	d under the laws of:		·
3. The Florida docu L07000007	•	of this limited liability compa	any is:	
4. I, Mark C. Ba	ites ame of Person Resigning)	, hereby resign as a <u>N</u>	lember/Mana (Print Title)	ger \mgrm
of this limited liab resignation in wri		he limited liability company	has been notified	of my
X Mw C Signature of Resignature	gning Member, Managing N	Member or Manager		,
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			12 JUL 20 PM 8: