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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (2.2                                    |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Certificates of Status                  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations            |   |
|--|---|
| SUBJECT: JFA Aggregate Retaile (Name of Lim                  | rs LLC ited Liability Company)  |
| The enclosed member, managing member or filing.              | manager resignation and fee(s) are submitted for                          |
| Please return all correspondence concerning                  | this matter to:   |
| Robert Amick   |   |
| (Contact Person)   |   |
| JFA Aggregate Retailers LLC                                  | TAI S   |
| (Firm/Company)   | 17 AI   |
| 10050 Burnt Store Road                                       | 7 AUG 22 PM 12: 15<br>ECRETARY OF STATE<br>LAHASSEE, FLORIDA              |
| (Address)  | E C   |
| Punta Gorda, Fl 33950  | LORIC   |
| (City/State and Zip Code)                                    | JA. 2   |
| For further information concerning this matter               | er, please call:  |
| Robert Amick   | at ( 941 ) 628-9131   |
| (Name of Contact Person)                                     | (Area Code & Daytime Telephone Number)                                    |
| Enclosed please find a check made payable to \$25 Filing Fee | o the Florida Department of State for:  \$55 Filing Fee &  Certified Copy |
| STREET/COURIER ADDRESS:                                      | MAILING ADDRESS:  |
| Registration Section   | Registration Section  |

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 A Aggregate Retailers |                                | f the Florida Department       |
|--|--|--------------------------------|--------------------------------|
| 2. This limited liab Florida             | ility company was organized                        | l under the laws of:           | 07 AUG 22 SECRETARY TALLAHASSE |
| 3. The Florida doct<br>L0700000          | ument/registration number of                       | f this limited liability compa | any is: FLOR                   |
| 4. I, Sean Johr                          | ISON ame of Person Resigning)                      | , hereby resign as a N         | MGR A TO (Print Title)         |
| of this limited lia<br>resignation in wr | bility company and affirm thiting.                 | e limited liability company    | has been notified of my        |
| Signature of Kesi                        | gning Member, Managing N                           | Member or Manager              |                                |
|  |  |                                |                                |
| Filing Fee:                              | \$25.00 (Required)<br>\$30.00 (Optional)           |                                |                                |
| Certified Copy:                          | \$30.00 (Optional)                                 |                                |                                |