# L07000011689

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



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## **COVER LETTER**

| SUBJECT: TPL Hollings (Name of Limited Liability Company)  |     |
|--|-----|
| DOCUMENT NUMBER: L 070000/1689   |     |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitt for filing. | ted |
| Please return all correspondence concerning this matter to the following:                                    |     |
| Rou Davis' (Name of Person)  |     |
| JPL Hallings LLC (Name of Firm/Company)  |     |
| 1369 Railroad Ave Suite C<br>(Address)   |     |
| Chipley FL 32428 (dity/State and Zip Code)   |     |
| For further information concerning this matter, please call:   |     |
| Rou Davis  at (850) 638 5663  (Name of Person)  at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 section 608.416(2) or 608.509, Florida Statutes, the undersigned, |  |
|---|--|
| Glenn Actell  | , hereby resigns as                                  |
| (Name of Registered Agent)  | · • •  |
| Registered Agent for JPL Holdings   | LLC  |
| (Name of Limited Liability Compar   | ny)  |
| L 0700011689<br>(Document Number, if known)   |  |
| A copy of this resignation was mailed to the above listed limited                               | liability company at its last known address.         |
| The agency is terminated and the office discontinued on the 31st                                | day after the date on which this statement is filed. |
| Sleve Postel  | ng Agent)  |
| (O.B. Marie V. 1. 1881)   | ,  |
| If signing on behalf of an entity:  | <b>07</b>  |
|   | AR B T   |
| (Typed or Printed Name  | SERY   |
| (Capacity)  | PH 1:2  OF STATE E. FLORE                            |

Active limited liability company
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

FILING FEES: \$ 85.00 Active \$ 25.00 Admit