

LB 700007691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 AUG 21 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
AUG 24 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JK FOERSTER LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES K. FOERSTER
(Contact Person)

JK FOERSTER LLC
(Firm/Company)

1230 QUAIL RIDGE DR.
(Address)

DESTIN FL 32541
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES K. FOERSTER at (801) 550 4544
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2009 AUG 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JK FOERSTER LLC

2. This limited liability company was organized under the laws of:

FLORIDA

FEI/EIN 830473617

3. The Florida document/registration number of this limited liability company is:

LO7000017691

4. I, JAYMESON K. FOERSTER, hereby resign as a
(Print Name of Person Resigning)

(Print Title of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X [Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2009 AUG 21 PM 12:05
TALLAHASSEE
SECRETARY OF STATE