

LO7000029340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

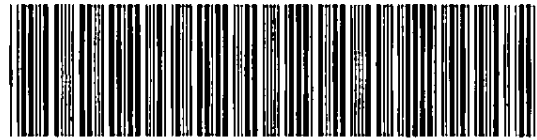
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600380337536

FILED
2022 JUN 26 PM 9:48
CLERK OF COURT
CLERK OF COURT

COVER LETTER

1/24/22

TO: Registration Section
Division of Corporations

SUBJECT: J WATKINS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 607000028340

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES A WATKINS
Name of Person

J WATKINS LLC
Name of Firm/Company

PO Box 466
Address

ENGLEWOOD, FL 34295
City/State and Zip Code

JA WATKINS JR@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WATKINS at (813) 731.2429
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JAMES WATKINS, hereby resigns as
Name of Registered Agent

Registered Agent for J WATKINS LLC
Name of Limited Liability Company

LO7000028340
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.

James A Watkins
Signature of Resigning Agent

If signing on behalf of an entity:

JAMES A WATKINS
Typed or Printed Name
Manager
Capacity

2022 JAN 26 PM 5:48

FILING FEES:

~~\$ 85.00~~

\$ 25.00

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