## L0700075729

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

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TO:

Amendment Section

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

Division of Corporations			
SUBJECT: J.C.W. REAL ESTATE HOLDINGS, LLC (Name of Limited Liability Company)  DOCUMENT NUMBER: L07000075729			
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:			
Andrew A. Pineiro, Esq.  (Name of Person)			
Pineiro Byrd PLLC (Name of Firm/Company)			
4600 Military Trail, Suite 212 (Address)			
Jupiter, FL 33458 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Andrew A. Pineiro at (561) 799-9280 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.			

## 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,	
Pineiro, Wortman & Byrd, P.A.	ereby resigns as	
(Name of Registered Agent)		
Registered Agent for J.C.W. Real Estate Holdings, LLC		
(Name of Limited Liability Company)		
	<b>78 9</b>	
L07000075729		
(Document Number, if known)		
9.4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Grand Control of the	
A copy of this resignation was mailed to the above listed limited liability con		
The agency is terminated and the office discontinued on the 31st day after the	e date on which this statement is filed.	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
Pineiro, Wortman & Byrd, P.A.		
(Typed or Printed Name)		
Partner		
(Capacity)		

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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