

W07000078840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

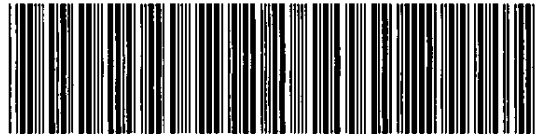
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400157833494

06/29/09--01024--003 **85.00

FILED
09 JUN 29 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/30/09
7/1/09
7/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALEXANDER JAMES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000078840

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:

Alex BAFER
Name of Person

Alexander James, LLC
Name of Firm/Company

2234 N Federal highway #345
Address

Boca Raton, FL 33431
City/State and Zip Code

Abafel1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex BAFER at (561) 504-4806
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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,

Jonathan ILchert

Name of Registered Agent

, hereby resigns as

Registered Agent for

Alexander James, LLC

Name of Limited Liability Company

LO7000078840

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.

Jonathan ILchert

Signature of Resigning Agent

If signing on behalf of an entity:

Jonathan ILchert

Typed or Printed Name

MEM

Capacity

FILED
09 JUN 29 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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