

LO700000 90541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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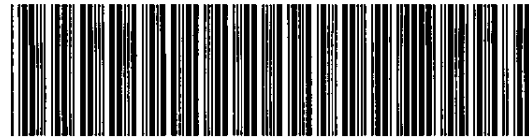
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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LLC RA RESIGN

AUG 28 2014  
T. CARTER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Juniset Holdings LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LC 7000690541

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:

Michael Greenberg  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

6647 SW 65 TR  
Address

Miami FL 33143  
City/State and Zip Code

Sunbiz@JULISLCSIX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Greenberg at ( 305 ) 6673002  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Michael Greenberg, hereby resigns as  
Name of Registered Agent


Registered Agent for Jumpset Holdings LLC

\_\_\_\_\_  
Name of Limited Liability Company

L07000690541  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
14 AUG 20 11 12:10