

107000105506

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
. (Business Entity Name)		
(Dusiness Littly Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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L. SELLERS		
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EXAMINER		

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SECRETARY OF STATE
ALL AHASSEF FLORINA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JFCK, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Jerry Fekete	
. (Contact Person)	
DBA Employee Screening Solutions	
(Firm/Company)	
4232 Waterside Pointe Circle	
(Address)	
Orlando, FL 32703	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Jerry Fekete	at (407) 409-0645
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 ap	ppears on the records of the Florida Departmen
of State is: JFCK, LLC	
•	
2. This limited liability company was organized und	ler the laws of:
Florida	
	-
3. The Florida document/registration number of this L07000105506	limited liability company is:
4. I, Clinton M. Kandle IV	, hereby resign as a Managing Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Cluster M Kandhor	
Signature of Resigning Member, Managing Member	per or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)

8 JUL 10 AM 10: 18
SECRETARY OF STATE