

L 07000109456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

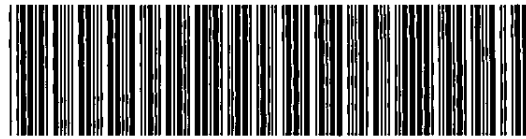
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 17 2012

EXAMINER



500240187935

10/15/12--01013--019 **25.00

FILED
12 OCT 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J+J Total Home Restoration, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Merrick
Name of Person

J+J Total Home Restoration, LLC
Firm/Company

2724 E. Moody Blvd. Ste 304
Address

Bunnell, FL 32110
City/State and Zip Code

J+Jtotalhome@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Merrick at (386) 299-1530
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
12 OCT 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 appears on the records of the Florida Department of State is: J+J Total Home Restoration, LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L07000109456

4. I, Jonathan Stockley, hereby resign as a mGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

FILED
12 OCT 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

STATE OF FLORIDA
COUNTY OF FLAGLER
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED
BEFORE ME THIS 7 DAY OF October, 2012
BY Jonathan Stockley
SEAL [Signature] NOTARY
PERSONALLY KNOWN OR PRODUCED
IDENTIFICATION X TYPE OF
IDENTIFICATION PRODUCED drivers license

