

LO8000026415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

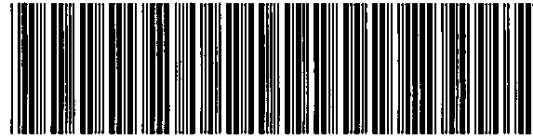
(Business Entity Name)

(Document Number)

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RECEIVED
08 JUL -8 AM 10:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUL - 8 2008
EXAMINER

FILED
08 JUL -8 PM 12:35
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 639179 6699A

AUTHORIZATION :

COST LIMIT : \$ PREPAID \$25 W/CK# 35030

FILED
08 JUL -8 PM12:35
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

ORDER DATE : July 8, 2008

ORDER TIME : 9:21 AM

ORDER NO. : 639179-005

CUSTOMER NO: 6699A

RESIGNATION OF MEMBER

NAME: JKN CREATIONS, L.L.C.

Please
file
1st

XX RESIGNATION OF MEMBER/MANAGER

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
08 JUL -8 PM 12:35
TALLAHASSEE, FLORIDA

**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: JKN CREATIONS, L.L.C.

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

3. The Florida document/registration number of this limited liability company is:
L08000026415

4. I, LARRY J. BEHAR, hereby resign as a Manager Member
(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 of Resigning Member, Managing Member or Manager

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