# 108000030640

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	≥#)
		MAIL
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. (Doci	 Iment Number)	
Certified Copies		of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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CONTRACTOR OF STATE

T. CLINE JUL - 1 2010 EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2010

KIM HERNANDEZ GRAY ROBINSON,PA P.O. BOX 3324 TAMPA, FL 33601

SUBJECT: JB'S ENDLESS SUMMER, LLC Ref. Number: L08000030640

We have received your document for JB'S ENDLESS SUMMER, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 410A00015442

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www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	JB's Endless Summer, LLC	_
	Name of Limited Liability Company	
DOCUMENT NUMBER:	L08000030640	

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:

Kim Hernandez Vance	
Name of Person	
Gray Robinson, PA	i
Name of Firm/Company	
Post Office Box 3324	_
Address	

Tampa, FL 33601 City/State and Zip Code

kim.vance@gray-robinson.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_\_John Burgess at (<u>617</u>) 283-3311 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 JUK 30 AM 9:

# 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,

	ernandez Vance, Esquire , hereby resigns as Name of Registered Agent		
Registered Agent for	JB's Endless Summer, LLC	<u> </u>	
	Name of Limited Liability Company	,	
L080000	030640		
Document Num	mber, if known		
A copy of this resignation	n was mailed to the above listed limited liability company at its last know	wn-addiess.	
The agency is terminated	and the office discontinued on the 31st day after the date on which this	Matematik is filed	
If signing on behalf of an	a entity:	1 9: 26	1
-	Typed or Printed Name		
-	Capacity		
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolve withdrawn limited liability company	ed/	

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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