

LD8000035508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

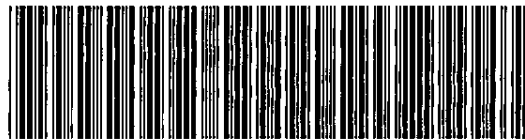
Special Instructions to Filing Officer:

L. SELLERS

OCT 26 2011

EXAMINER

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10/24/11--01005--012 **85.00

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11 OCT 24 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Juice Technologies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000035508

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:

Kimberly Brown
Name of Person

Venture Management Group, Inc
Name of Firm/Company

445 West Drive Ste 104
Address

Melbourne, FL 32904
City/State and Zip Code

kbrown@venturemgtgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Brown at (321) 541-1416
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Venture Management Group, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for Juice Technologies, LLC

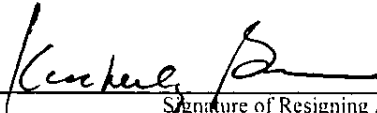
Name of Limited Liability Company

L08000035508

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:

Kimberly Brown

Typed or Printed Name

C.F.O. and Secretary Treasurer

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
11 OCT 24 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA