

✓
L08000051338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

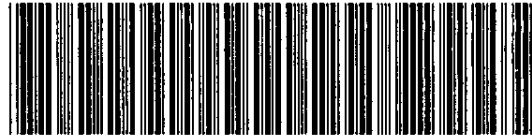
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 12 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 9069 San Jose LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000051338

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:

Allison Korman
Name of Person

Name of Firm/Company

2900 Hartley Road
Address

Jacksonville, Florida 32257
City/State and Zip Code

a.korman@stellar.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Diaz at (904) 260-2900
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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,

Michael J Barker

Name of Registered Agent

, hereby resigns as

Registered Agent for

9069 San Jose LLC

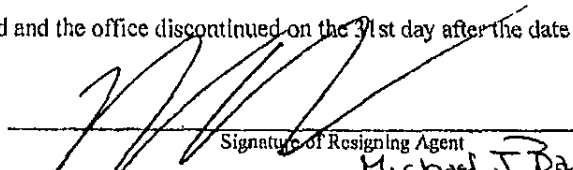
Name of Limited Liability Company

LO8000051338

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

Michael J Barker

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 11 PM 4:34

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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