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TALLAHASSSEE FLORIDE

B. BOSTICK
AUG 4 2011
EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Jesterson Family Enterpolicy (Name of Limited Liability C	ompany)		
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are subr	nitted for	
Please return all correspondence concerning this matter to	· :		
Contact Person)			
Jeofferson Family Enterprises LLC (Firm/Company)			
5862 Congress 67.	——————————————————————————————————————	11 AUG -3	on party of the second
GU/F Breeze, FL (City/State and Zip Code)	<u> </u>		For Lancing
For further information concerning this matter, please cal	I: CORTURA	PHI2: 34	प क्रा <i>ल</i>
Name of Contact Person) (Area Contact Person)	368-1966 de & Daytime Telephone Num	her)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	•		
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 323		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the record	
2. This limited liab	ility company was organized under the laws of:	
3. The Florida doct	ument/registration number of this limited liability co	mpany is:
of this limited lia	hereby resign as a lame of Person Resigning) bility company and affirm the limited liability company	(
resignation in wr		 1
	gning Member, Managing Member or Manager	11 AUG - 3 SEURE INA ALLAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SSTELL FLOR