

208000/04617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

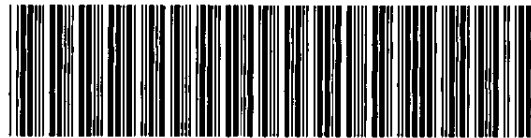
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A. LUNT

APR - 4 2010

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STATE OF MICHIGAN
TALLAHASSEE, FLORIDA

2011 APR - 1 PM 1:39

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jordan DEvelopment Partners II, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000104617

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:

Larry Williams
Name of Person

Name of Firm/Company

604 Courtland St. Ste 300
Address

Orlando, FL 32804
City/State and Zip Code

larrywilliams127@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Williams at (407) 448-8281
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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125.00

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,

Anthony Ruben

Name of Registered Agent

, hereby resigns as

Registered Agent for Jordan Development Partners II, LLC

Name of Limited Liability Company

L08000104617

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:

Typed or Printed Name

Capacity

FILED
2011 APR -1 PM 1:40
TALLAHASSEE, FL 32314

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