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(Requestor's Name) (Address)							
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(City/State/Zip/Phone #)	06/02/1001011006	**85.00					
(Business Entity Name)							
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Certified Copies Certificates of Status		N					
Special Instructions to Filing Officer:		APPAUYEL AND FILED O JUN - 2 PM 12: 49 ELANASSEE, FLICHIDA					
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Juniper Management (TX), LLC. Name of Limited Liability Company

DOCUMENT NUMBER: _____ L09000042425

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:

Ernesto Sanchez, Esq. Name of Person

Ernesto Sanchez, P.A. Name of Firm/Company

1313 Ponce De Leon Blvd. Suite 301 Address

> Coral Gables, FL. 33134 City/State and Zip Code

esanch@bellsouth.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Ernesto Sanchez	at (305	441-2040
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

	Sanchez, P.A. Registered Agent	, hereby resigns as				
Registered Agent for Juniper Management (TX), LLC						
	Name of Limited Liability Compan	ny ,				
L0900004242	5					
Document Number, if k	nown					
A copy of this resignation was m	ailed to the above listed limited	l liability company at its last known address.				
If signing on behalf of an entity:	Signature of Resignin	E E				
	Ernesto Sanchez, E	Esq.				
	Typed or Printed Name	AR	5 7			
	President					
	Capacity		5 5			
			PH 12: Fð			
	FILING FEES: \$85.00 Active limited lia \$25.00 Administratively withdrawn limit	iability company y dissolved/ voluntarily dissolved/ ted liability company				

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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