Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: 120120000007

Phone :

: (702)866-2500

Fax Number

: (702)866-2689

TLAHAGE SEP 4

**Enter the email address for this business entity to be used for Euture annual report mailings. Enter only one email address please:

Email Address: WENDY, HEFLEY@ INCORP. COM

LLC REGISTERED AGENT RESIGNATION

JWCBI CO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

SET 1 2015

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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: | JWCBI CO. LL | C | | | | | |
|----------------------------|--------------------------|-----------------------|-------------|-----------------------|-------------|----------|-----|
| bonder | | Name of Limited | Liability C | Сотрапу | | | • |
| DOCUMENT N | UMBER: | L09000050 | 876 | | | | |
| The enclosed Refor filing. | signation of Regis | tered Agent for a | Limited I | Liability Company and | fee are | submit | ted |
| Please return all | correspondence co | oncerning this ma | tter to the | following: | | | |
| Wendy Hefley | | | | | | | |
| | Name of Pers | ion | | | | | |
| Incorp Service | es, Inc. | | | | | | |
| | Name of Firm/Co | mpany | | | | | |
| 2360 Corporat | te Circle, Suite 4 | 00 | | | | | |
| | Address | | | | | | |
| Henderson, N | V 89074 | | | | MLL SE | 2015 | |
| | City/State and Zi | p Code | | | 훒 | SEP | 77 |
| processing@i | ncorp.com | | | | ASS | P 10 | |
| E-mail address | s: (to be used for futur | e annual report notif | ication) | | EE,0 | - | |
| For further inform | mation concerning | this matter, plea | se call: | | FIST FST | T - | J |
| Incorp Services | s, Inc./Wendy He | efley at (| ``` | 866-2500 ext 6601 | RECE | <u>∵</u> | |
| N | Name of Person | | ea Code | Daytime Telephone Nur | nber | | |
| | | | | | | | |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| rursuant to the provisions of section 605.011 | 5, Florida Statutes, the und | ersignea, | | |
|---|--------------------------------|------------------------------|--|--|
| Incorp Services, Inc. | | , hereby resigns as | | |
| Name of Registered Age | nit | _, | | |
| Registered Agent forJWCBI CO. LLC | | | | |
| Name of Lin | nited Liability Company | , | | |
| L09000050876 | | | | |
| Document Number, if known | | | | |
| A copy of this resignation was mailed to the | above listed limited liability | y company at its last known | ı address. | |
| The agency is terminated and the office disco | ntinued on the 31st day aft | er the date on which this st | atement is filed. | |
| Nes | 2Ab | | | |
| | Signature of Resigning Agent | | ro ~ 3 | |
| If signing on behalf of an entity: | | | 2015 SECI | |
| Wendy Hefley fo | or Incorp Services, Inc | ill. | ie se T | |
| T | yped or Printed Name | SS | 2 0 0 | |
| Authorized Repr | esentative | | | |
| | Capacity | | | |
| | | 유: | 対 | |
| | | (元) (元) | Π <u>Ψ</u> | |

St.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