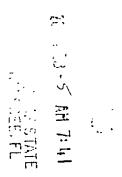
## 

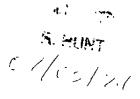
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





02/09/14 -01024--000 **\*\***95.00





## **COVER LETTER**

Division of Corporations
SUBJECT:  B. GREEN GROUP, LLC  Name of Limited Liability Company  DOCUMENT NUMBER: L D9600081563
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:
Kenneth B. Schurr Name of Person
Name of Firm/Company
2030 S. Douglas Rd. #105
Coral Gables, FL 33/34  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ken Schure at (305) 441-9031  Name of Person at (305) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

Street Address:
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, th	e undersigned,			
Kenne	H B. Sc. Name of Registered Ager	hurr	, hereby resi	gns as		
Registered Agent for		J GROUP	LLC			_
	B Green Name of Lim	J GROVP	ILC.			
2090	6008156	23				
Document Num A copy of this resignation		bove fisted limited li	ability company at i	ts last kno	wn addres	s.
The agency is terminated						
	76	Sec				
If signing on behalf of an	entity:	Signature of Resigning	Agent			
		yped or Printed Name			آ	
		Capacity		, ,		
		Сараспу		(E) (C)	N.	
	FILING \$ 85.00 \$ 25.00	Active limited liah	oility company		M 74	
	\$ 23.00	withdrawn limited	lissolved/ voluntaril Hiability company	y dissolve		

Make checks payable to Florida Department of State and mail to:
Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314