

LD90000101473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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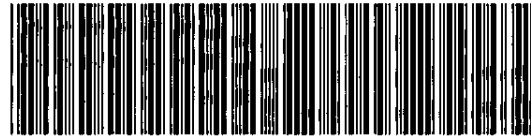
(Business Entity Name)

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R. A. Res
10/15/2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J V K SMART TEAM, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000101473

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:

VIVIAN CARNEGIE
Name of Person

J V K SMART TEAM LLC
Name of Firm/Company

933 S MILITARY TRAIL, E12
Address

WEST PALM BEACH, FL 33415
City/State and Zip Code

SMARTTEAM@WILDBLUE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN CARNEGIE at (561) 616-0935
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

KENIA BROWN

Name of Registered Agent

, hereby resigns as

Registered Agent for J V K SMART TEAM LLC

Name of Limited Liability Company

L09000101473

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.

Kenia Brown

Signature of Resigning Agent

If signing on behalf of an entity:

KENIA BROWN

Typed or Printed Name

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 PM 3:12

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withdrawn limited liability company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