

L09000105905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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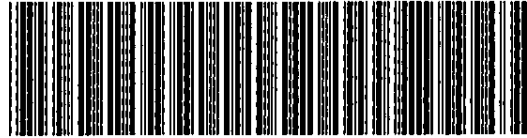
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 29 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J. G. EL MAR, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L09000105905

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:

DAVID J. IDE  
Name of Person

Name of Firm/Company

701 S. W. 8TH AVENUE  
Address

FT. LAUDERDALE, FL 33315  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID J. IDE at ( )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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MOBILE, ALABAMA  
TALLAHASSEE, FLORIDA

**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,

PATRICIA BURNSIDE

, hereby resigns as

Name of Registered Agent

Registered Agent for

J. G. EL MAR, LLC

Name of Limited Liability Company

L09000105905

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.

*Patricia Burnside*

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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11 DEC 27 PM 4:10  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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