

L10000000436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900177210529

04/26/10--01046--005 **25.00

FILED
10 MAY 19 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 20 2010

EXAMINER





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2010

ALAN SYLVESTER
850 LAURA ST
CASSELBERRY, FL 32707

SUBJECT: JACK'S BUSINESSSS CENTERS, LLC
Ref. Number: L10000000436

We have received your document for JACK'S BUSINESSSS CENTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00010931

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacks Business Centers LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000000436

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:

Alan Sylvester
Name of Person

Jacks Business Centers LLC
Name of Firm/Company

850 Laura St
Address

Casselberry FL 32707
City/State and Zip Code

hardhatroofing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrell Agostino at (407) 448-4850
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
10 MAY 19 PM 3:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Jacks Business Centers LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L10000000436

4. I, Alan M. Sylvester, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Alan M. Sylvester
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)