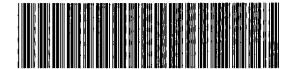
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Juling TON Creek WL, LLe Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Donald J. Williams Name of Person				
Firm/Company				
10174 Belgrove Ave Address				
Daphne AL 36526 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Do NA A Williams at (251) 447-0807 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$25 Filing Fee & Certified Copy				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Juling Ton Cree		he Florida Department
2. This limited liab	ility company was organized A	under the laws of:	201
27-	ument/registration number of	·	6
(1 / 11/1 14	ame of Person Resigning)		J. " " " " " " " " " " " " " " " " " " "
resignation in wr	1 11	: limited liability company ha	as been notified of my
	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		