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(Reque	stor's Name)				
. (Addres	es)				
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(City/St	ate/Zip/Phone #)				
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11 JUN 22 AM II: 32 SECRETARY OF STATE FALL AHASSEE. FLORIDA

J. BRYAN

JUN 23 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JUlingTon Creek WL, UC Name of Limited Liability Company
DOCUMENT NUMBER: 27-1923645
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:
Dowald J. Williams Name of Person
Name of Person
Name of Firm/Company
10174 Belgrove Are Address
Name of Firm/Company 10174 Bc/grove Are Address Daphne AL 36526 City/State and Zip Code
Will 0807 @ ATT. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dowald Williams at (251) 447-0807 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

1. The name of the li	imited liability company as	it appears on the records of Juling to Creek	f the Florida D k WL L	Peparti	ment
2. This limited liabil	ity company was organized	under the laws of:			
3. The Florida docur	nent/registration number of 23645 \(\(\)/(this limited liability compa <u>00</u> 00012339	any is:		
4. 1, <u>Asa S</u> (Print Na	miTh me of Person Resigning)	, hereby resign as a	MANAGE IN (Print Title	<u>Me</u>	m ben
of this limited liabi resignation in writ	lity company and affirm the	limited liability company	has been noti:	fied of	fmy
Signature of Resig	ning Member, Managing M	ember or Manager	77.0		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF ST LLAHASSEE, FLO	11 JUN 22 AM II:	FILED