

L1000 0017211

(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:

Request Request  
Attached DB #14

Office Use Only



100192284191

01/31/11--01038--026 \*\*85.00

FILED  
11 FEB 14 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Resignation  
of  
Manager/Member  
DB #14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2011

SERAFIN RIVERON  
MJS GOLF SERVICES, LLC  
450 17TH STREET NW  
NAPLES, FL 34120

SUBJECT: MJS GOLF SERVICES, LLC  
Ref. Number: L10000017211

We have received your document for MJS GOLF SERVICES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE REGISTERED AGENT ON RECORD FOR THIS CORPORATION IS SUPERBIZ REGISTERED AGENT, NOT STEPHANIE WARREN. THE FORM MUST BE SIGNED BY SOMEONE ON BEHALF OF SUPERBIZ REGISTERED AGENT, INC.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 511A00002920

RECEIVED  
11 FEB 14 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MJS Golf Services, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Serafin Riveron  
(Contact Person)

MJS Golf Services, LLC  
(Firm/Company)

450 17 St NW  
(Address)

Naples, FL 34120  
(City/State and Zip Code)

For further information concerning this matter, please call:

Serafin Riveron at ( 239 ) 919-9342  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department of State is: MJS Golf Services, 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:  
L10000017211

4. I, Stephanie L Warren, hereby resign as a Manager/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.

Signature of Resigning Member, Managing Member or Manager

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

FILED  
11 FEB 14 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA