L100000074711

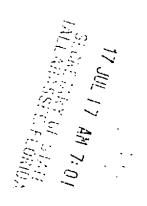
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Durings Fried Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Γ			
Special Instructions to Filing Officer:			





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JUL 18 2017 J SHIVERS

COVER LETTER

SUBJECT: Name of Limi	ECH LLC ted Liability 00074311	Company
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
JAVIER ROMERO		
Name of Person		
JR TECH LLC		
Name of Firm/Company		
4581 WOOD COVE DR		
Address		
PORT ORANGE, FL 32127		
City/State and Zip Code		
JAMARO476@HOTMAIL.COM		
E-mail address: (to be used for future annual report r	otification)	
For further information concerning this matter, p	lease call:	
JAVIER ROMERO	386	846-7085
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the JUSTIN CULLINS	undersigned,, hereby resigns as
Name of Registered Agent	
JR TECH LLC	
Registered Agent for	
Name of Limited Liability Company	,
L10000074311	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia	bility company at its last known address.
The agency is terminated and the office discontinued on the 31st da	y after the date on which this statement is filed.
Sutin Culling Signature of Resigning A	JUL 17
Signature of Resigning A	
If signing on behalf of an entity:	
JUSTIN CULLINS	7:01
Typed or Printed Name	
Capacity	

FILING FEES: \$85.00 Active \$25.00 Admin Active limited liability company
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