

L10000074311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE DEPT OF TREASURY
FALL ANNUAL MEETING

JUL 18 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JR TECH LLC
Name of Limited Liability Company
L10000074311

DOCUMENT NUMBER:

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:

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 notification)

For further information concerning this matter, please call:

JAVIER ROMERO

386

846-7085

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 undersigned,

JUSTIN CULLINS

, 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 liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Justin Cullins

Signature of Resigning Agent

If signing on behalf of an entity:

JUSTIN CULLINS

Typed or Printed Name

Capacity

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA
1 JUL 17 AM 7:01

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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