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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: JAX COMPUTER GUYS LLC		_
(Name of Limited Liabili	ity Company)	•
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to:	
CLARK, KEVIN A		
(Contact Person)	 	
JAX COMPUTER GUYS LLC		
(Firm/Company)		
15017 LONE SPRING DR		201
(Address)		· <u>f</u>
LITTLE ELM TX 75068	57 - 56 - 60 - 60 -	2014 MAR 24
(City/State and Zip Code)		
For further information concerning this matter, please	e call:	1 2: 33 1 2: 33
CLARK, KEVIN A 904	662-5521	್ ಏ
	Code & Daytime Telephone Number)	-
Enclosed please find a check made payable to the Flor ■ \$25 Filing Fee □ \$55	rida Department of State for: Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it a COMPUTER GUYS LLC	ppears on the records of the Flor	rida Department	
2. The Florida docu L100008798	ument/registration number assign	ned to this limited liability comp	2014 MAR 21/2014 C	
4. I, HOLLISTER (Print N	ame of Person Resigning)	ed or will withdraw/resign is:, hereby withdraw/resign as a	21/2014 2: 33 21/2014 2: 33	And the same of th
of this limited lial resignation in wr	bility company and affirm the liniting. Sociating Member or Resigning	21/2014	n notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			