

L11000064297

(Requestor's Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JB's Professional Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Smith
Name of Person

JB's Professional Services LLC
Firm/Company

10476 35th St
Address

Altamonte, Florida 32805
City/State and Zip Code

JBspn95vcLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Smith at (321) 300-8066
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2019

JB/S Professional Services LLC
1047 35th St.
Orlando, FL 32805

SUBJECT: JB'S PROFESSIONAL SERVICES LLC
Ref. Number: L11000064297

It has been brought to our attention that JB'S PROFESSIONAL SERVICES LLC has designated itself as registered agent. Florida law requires the registered agent be an individual who resides in this state or another authorized business entity found on the records of this office.

Therefore, the purpose of this letter is to notify this entity: 1.) that statutory compliance of properly maintaining a registered agent is not being met and 2.) that the entity named above is subject to administrative dissolution for failing to maintain a registered agent.

Therefore, the information must be corrected on our records.

Please consider this notice of our intent to administratively dissolved/revoked this entity on or after January 15, 2020 if a new registered agent is not properly designated.

Please complete and submit the enclosed form. This change may be processed at no charge, as the annual report process should have prevented the report from being accepted. Enclose a copy of this letter to ensure proper handling.

Please let us know should you have any questions.

Sincerely,
Lyn Shoffstall
Division of Corporations

Letter No: 819A00022423

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TBS Professional Services LLC

2. (a) 1047 b 35th st Orlando, FL 32805 (b) 1047 35th st Orlando, FL 32805

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. June 02 2011 4. L11C000064297
Date of filing/registration in Florida Document number

5. (a) Towcathaw Smith
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1047 35th st Orlando, FL 32805

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

FLA REGISTRATION NO.

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