L11000071548

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T. CLINE
AUG 3 0 2011
EXAMNER

COVER LETTER

SUBJECT: Jeff's Embroidery, LLC			
(Name of Limited Liabi	lity Company)	_	•
DOCUMENT NUMBER: 111000071548			
The enclosed Resignation of Registered Agent for a Limitor filing.	ted Liability Company and fee	are submitte	ed.
Please return all correspondence concerning this matter to	o the following:		
Mary Pat Joy			
(Name of Person)	_		
Corporation Service Company			
(Name of Firm/Company)			
80 State Street		1-1 bag	
(Address)		II AUG 2	٠
Albany, NY 12207		329 3638	
(City/State and Zip Code)		<u> </u>	;
For further information concerning this matter, please cal	l:		,
Mary Pat Joy at (518	133 7010 CRt 3007		
(Name of Person) (Area C	ode & Daytime Telephone Numbe	r)	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Flo	orida Statutes, the undersigned	,
Corporation Service Co	mpany	, hereby resigns as	
(Name	of Registered Agent)	, , not boy 100.g.m m	
Registered Agent for Jeff's E	Embroidery, LLC		
	(Name of Limited Liability Comp	any)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
L11000071548			
(Document Number, if kno	wn)		
A copy of this resignation was I	nailed to the above listed limite	d liability company at its last k	nown address.
The agency is terminated and the	e office discontinued on the 31s	Jol	his statement is filed.
If signing on behalf of an entity			
Mary	Pat Joy		
Asst,	(Typed or Printed Nam Secretary of Corporatio (Capacity)		29 PH
			180 LS

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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