12000014171

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #) _.		
PICK-UP	☐ WAIT	MAIL		
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EXAMINER



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TALL ALLASSEE FLORID

COVER LETTER

Division of Corporations						
SUBJECT: Jeffrey 69 11 C Name of Limited Liability Company						
	Name of Limited Li	ability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Jeffrey	Nagle Name of Person				
	\	Name of Person				
Jeffrey 6911C Firm/Company						
	9360 x	Juzum Rd				
	Week! h	Juzum Rd Address Jachee F1 3461 /State and Zip Code - D Hotmail. Com	3			
City/State and Zip Code U 1 AT 1 60 11 - tage 1 (DM)						
E-mail address: (to be used for future annual report notification)						
For further info	rmation concerning this matter, please call:					
Seffrey Nagle at (352) 242 0251 Name of Person Area Code & Daytime Telephone Number						
	•	•				
Enclosed is a ch	neck for the following amount:					
\$25.00 Filing	g Fee \$30.00 Filing Fee &	(additional copy is enclosed) Certified C	of Status &			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as	it appears on the records o	f the Florida Department
of State is:	Jeffrey '69 (JC,	
o. o		<u> </u>	<u> </u>
2. This limited liabil	ity company was organized	under the laws of:	
Flori	d		
	<u> </u>	·	
3. The Florida docur	nent/registration number of	this limited liability comp	any is:
L120000	14171		
		 •	
4. I. Robyn	me of Person Resigning)	, hereby resign as a	MURM
(Print Na	me of Person Resigning)	<u> </u>	(Print Title)
of this limited liabi	ility company and affirm the	e limited liability company	has been notified of my
resignation in writ	ing. //	,	•
	// 1.1		
Signature of Pagin	ning Member, Managing M	lombor or Monorce	
Signature of Kesig	ning wiember, Managing wi	lember or Manager	
V	,)	
Filing Fee:	\$25.00 (Required)		
Certified Copy:			