

L12000103264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

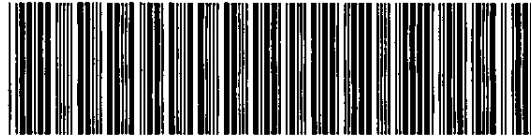
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDA Group Ghostwriting, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000103264

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:

Sheryl Hunter

Name of Person

Hunter Business Law

Name of Firm/Company

711 S. Howard Ave Suite 200

Address

Tampa, FL 33606

City/State and Zip Code

hunter@hunterbusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheryl Hunter

Name of Person

at (813) 867-2640

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Hunter Law Tampa Bay

Name of Registered Agent

, hereby resigns as

Registered Agent for **JDA Group Ghostwriting, LLC**

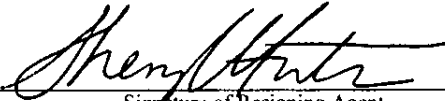
Name of Limited Liability Company

L12000103264

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Sheryl Hunter

Typed or Printed Name

President

Capacity

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

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TALLAHASSEE, FLORIDA
14 JAN 31 4 51 PM '13