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SECKETARY OF STATE

AGLANASSEE MERROY

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JOR Management	
(Name o	f Limited Liability Company)
The enclosed member, managing memb	er or manager resignation and fee(s) are submitted for
Please return all correspondence concer	ning this matter to:
James O'Rourke	
(Contact Person)	
JOR Management and Consu	ulting
(Firm/Company)	
3312 Cedar Crest Loop	
(Address)	
Spring Hill, FL 34609	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
James O'Rourke	at ( 727 ) 457-6335
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya  \$\sum{\sum{\subset}}\$	able to the Florida Department of State for:  \$55 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

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SECRETARY OF STATE
FAEL ANASSEE PROGRAM

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	• •	the Florida Department
of State is: JOI	R Management and C	Consultanty LLC	
<del>-</del>			
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of	•	
		MA	NALING
4. I, Chad O'Rourke		, hereby resign as a Me	ember
·	ame of Person Resigning)		(Print Title)
of this limited lia	bility company and affirm th	e limited liability company h	as been notified of my
resignation in wr	Ming.		
OM.	ml	•	
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		