

L12000158696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

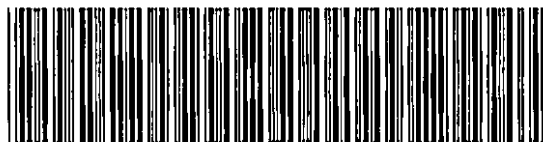
(Document Number)

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2018 SEP 27 AM 10:10

T. CLINE

SEP 28

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2018

CLIFFORD R. RHOADES  
2141 LAKEVIEW DRIVE  
SEBRING, FL 33870

SUBJECT: JT FITNESS LLC  
Ref. Number: L12000158696

We have received your document for JT FITNESS LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file a Registered Agent Resignation on an active LLC is \$85.00.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 518A00019285

2018 SEP 27 AM 10:10

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JT FITNESS, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000158696

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:

CLIFFORD R. RHOADES

Name of Person

CLIFFORD R. RHOADES, P.A.

Name of Firm/Company

2141 LAKEVIEW DRIVE

Address

SEBRING, FL 33870

City/State and Zip Code

FRONT@CRRPALAW.COM

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

For further information concerning this matter, please call:

CLIFFORD R. RHOADES

at ( 863 ) 385-0346

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JOSHUA T. EVELETH

Name of Registered Agent

, hereby resigns as

Registered Agent for JT FITNESS, LLC

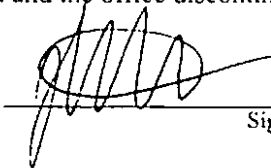
Name of Limited Liability Company

L12000158696

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:

JOSHUA T. EVELETH

Typed or Printed Name

REGISTERED AGENT & OWNER

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

2018 SEP 21 4:10:10