

42000154327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293494585

12/22/16--01021--004 **85.00

FILED
16 DEC 22 PM 3:09
CLERK OF COURT
JAIL HOUSE, FLORIDA

DEC 23 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UCFJWH HOLDINGS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000159327

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:

SHERIE HALLOCK
Name of Person

GUNSTER
Name of Firm/Company

280 W. CANTON AVE, SUITE 330
Address

WINTER PARK, FL 32789
City/State and Zip Code

SHALLOCK@GUNSTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERIE HALLOCK at (407) 647-7645
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

POHL + SHORT, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

UCF JWH HOLDINGS, LLC

Name of Limited Liability Company

L 12000159327

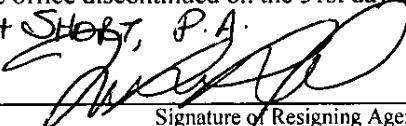
Document Number, if known

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.

POHL + SHORT, P.A.

BY:



Signature of Resigning Agent

FRANK L. POHL, VICE PRES

If signing on behalf of an entity:

FRANK L. POHL

Typed or Printed Name

VICE PRES.

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

FILED
16 DEC 22 PM 3:39
TALLAHASSEE, FLORIDA