

L13000020043

(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



800249483768

07/09/13--01011--001 \*\*85.00

FILED  
2013 JUL -9 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 10 2013

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JMG Management Solution, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000020043

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:

**Jeffrey M. Smarse**

Name of Person

**JMG Management Solution, LLC**

Name of Firm/Company

Address

**81 Avert Street**

City/State and Zip Code

**Mount Clemens, MI 48043**

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

For further information concerning this matter, please call:

**Jeffrey M. Smarse**

Name of Person

at ( **937** ) **409-0933**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL -9 PM 5:02

FILED

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned.

Jeffrey M. Smarse

Name of Registered Agent

, hereby resigns as

Registered Agent for JMG Management Solution, LLC

Name of Limited Liability Company

L13000020043

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:

JEFFREY M SMARSE  
Typed or Printed Name

REGISTERED AGENT/MEMBER  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL -9 PM 5:02

FILED

### FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company

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