

L130000024509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

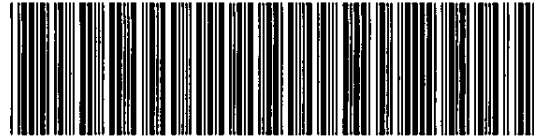
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800264225948

09/12/14--01006--015 \*\*85.00

FILED  
OCT 14 2014  
14 OCT 14 21 8:55

Res/mgr  
10, 15, 14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JERBOB LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gerald Kaemmerer

(Contact Person)

JERBOB LLC

(Firm/Company)

2029 Clarke Ave.

(Address)

Ft Myers Florida, FL.

33905

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Kaemmerer

at (239) 410-7270

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2014

GERALD KAEMMERER  
2029 CLARKE AVE  
FT. MYERS, FL 33905

SUBJECT: JERBOB LLC  
Ref. Number: L13000024509

We have received your document for JERBOB LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer listed is not the registered agent for the company. If you wish to resign BOBBIE BEEBE from the company please see the enclosed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 114A00020082

*Will I Get A \$60. Credit  
or a Refund?*

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
SEP 19 2014

14 OCT 14 PM 3:45



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRET FILED  
DIVISION OF STATE  
14 OCT 14 08:35

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JERBOB LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000024509

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 30, 2014

4. I, Bobbie Beebe, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)