

LI30000043862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

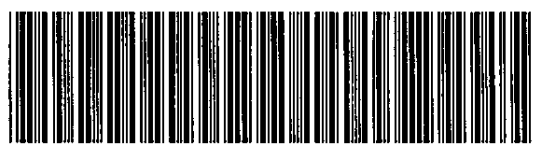
(Business Entity Name)

(Document Number)

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SCOTT COUNTY
TALLAHASSEE, FLORIDA

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R/S R/A

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R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSAMI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 413000043862

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:

MICHAEL LEIBOWITZ
Name of Person

JSAMI, LLC
Name of Firm/Company

301 HENDRICKS FLE
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL LEIBOWITZ at (248) 613-8444
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MICHAEL LEIBOWITZ, hereby resigns as
Name of Registered Agent

Registered Agent for TSAMI, LLC
Name of Limited Liability Company

413000043862
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]
Signature of Resigning Agent

If signing on behalf of an entity:

MICHAEL LEIBOWITZ
Typed or Printed Name
EX - MGRM
Capacity

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14 APR -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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