

LI3000054290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

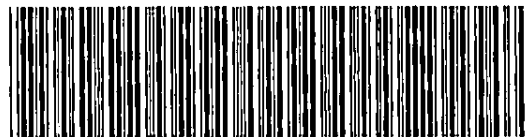
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIRVANA INVESTMENTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000054290

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:

ADRIAN JACOBS

Name of Person

JA FAMILY TRUST

Name of Firm/Company

15145 MCGREGOR BLVD

Address

FORT MYERS FL 33908

City/State and Zip Code

myhomeloanonline1@gmail.com

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

For further information concerning this matter, please call:

ADRIAN JACOBS

at (239) 677-7250

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC, hereby resigns as
Name of Registered Agent

Registered Agent for NIRVANA INVESTMENTS LLC

Name of Limited Liability Company

L13000054290

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:

JOHN C. GOEDE

Typed or Printed Name

MGRM

Capacity

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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