

L 13000067584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

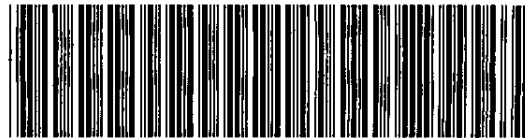
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB -4 PM 2:30
SECRETARY OF STATE
HALLMARK

Ra Resignation

FEB 08 2016

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSCB Enterprises LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000067584

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:

Aisha McKnight
Name of Person

Aspire Health LLC
Name of Firm/Company

1485 Livingston Lane
Address

Jackson MS 39213
City/State and Zip Code

amcknight@aspirehealthco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Roray at (601) 407-7981
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2015

AISHA MCKNIGHT
ASPIRE HEALTH, LLC
1485 LIVINGSTON LANE
JACKSON, MS 39213

SUBJECT: JSCB ENTERPRISES LLC
Ref. Number: L13000067584

We have received your document for JSCB ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached 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.

Diane Cushing
Senior Section Administrator

Letter Number: 915A00026952

RECEIVED
16 FEB -4 PM 2:35

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Robert A. Durham

Name of Registered Agent

, hereby resigns as

Registered Agent for JSCB Enterprises LLC


Name of Limited Liability Company

L13000067884

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:

Typed or Printed Name

Capacity

FILED
16 FEB -4 PM 2:30
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