

L13000139 305

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:00

TO: Registration Section
Division of Corporations

DOCUMENT NUMBER: L13000139305

Please return all correspondence concerning this matter to the following:

Name of Firm/Company

Address

City/State and Zip Code

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

JEROME WOODWORTH at (509) 768-2249
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Northwest Registered Agent LLC, hereby resigns as

Name of Registered Agent

Registered Agent for NJS VENTURES LLC

Name of Limited Liability Company

L13000139305

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:

Tom Glover

Typed or Printed Name

Assistant Secretary

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 OCT 31 PM 5:00

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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