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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NJS VENTURES LLC	
Name of Limited Liability Company  DOCUMENT NUMBER: L13000139305	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
Name of Person	
NORTHWEST REGISTERED AGENT LLC	
Name of Firm/Company	
906 W. 2ND AVE, STE 100	TASE.
Address	L AF
SPOKANE, WA 99201	ECRETARY LLAHASSI 16 OCT 31
City/State and Zip Code	
INFO@NORTHWESTREGISTEREDAGENT.COM	PH ST
E-mail address: (to be used for future annual report notification)	Si OO
For further information concerning this matter, please call:	p
JEROME WOODWORTH at (509 ) 768-2249  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Northwest Registered Agent LLC		, hereby resigns as	
	Name of Registered Agent	, nereby resigns us	
Registered Agent for _	NJS VENTURES LLC		
	Name of Limited Liability Company	,	<del></del> ,
L13000139305			
Document N	Number, if known		
A copy of this resignat	ion was mailed to the above listed limited	liability company at its last know	/n address.
The agency is terminat	ed and the office discontinued on the 31st	day after the date on which this s	statement is filed.
	Signature of Resignir	ng Agent	SEURETARN FALLAHASS 16 OCT 31
If signing on behalf of	an entity:		<u> </u>
	Tom Glover		3 50
	Typed or Printed Name		5: 00
	Assistant Secretary		8 8
	Capacity		; <del>&gt;</del>

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314