Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002907023)))



H180002907023ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

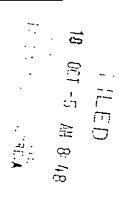
Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC REGISTERED AGENT RESIGNATION JBG FLORIDA PROPERTY LLC

Certificate of Status	0
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#### **COVER LETTER**

Division of Corporations	
SUBJECT: JBG FLORIDA PROPERTY LLC Name of Limited Liabilit	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L14000024266	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
TRACEE COTTON	
Name of Person	_
BLUMBERGEXCELSIOR CORPORATE SERVICES,	
Name of Firm/Company	-
16 COURT ST 14TH FLOOR	
Address	-
BROOKLYN, NY 11241	
City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TRACEE COTTON 800	221-2972 X1550 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

### MAILING ADDRESS:

TO: Registration Section

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

INHS17 (2/14)

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

•		15, Florida Statutes, the under	•	
BLUMBERGEXCE	LSIOR CORPOR	RATE SERVICES, INC.	hereby resigns as	
	Name of Registered Age	ent	,,B	
Registered Agent for _	BG FLORIDA PR	OPERTY LLC		
			<u></u>	
	Name of Lin	nited Liability Company		
L14000024266				
Document N	umber, if known			
A copy of this resignati	on was mailed to the	above listed limited liability c	ompany at its last knov	vn address.
•		•	•	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which this	statement is filed
	7	+1	•	. <b>⇔</b>
	Jerra	Signature of Resigning Agent	<del></del>	
	$\mathcal{O}$	\$ 15 miles   15 miles		1, 1
If signing on behalf of a	•			, <u>m</u>
	ZEINA HASSOU	JN		<b>悪</b> U
		yped or Printed Name	,,,	· œ
	ASSISTANT SE	<del></del>		
		Capacity		
	<u>FILING</u> \$ 85.00		ipanv	
	\$ 25.00	Active limited liability con Administratively dissolved withdrawn limited liability	/voluntarily dissolved	!/

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