

L14,000073401

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(Address)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**                     JBI MANAGEMENT GROUP LLC                      
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000073401

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:

Name of Person

Registered Agents Inc.

Name of Firm/Company

170 S. Lincoln, STE 150

### Address

Spokane, WA 99201

City/State and Zip Code

[info@registeredagentsinc.com](mailto:info@registeredagentsinc.com)

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

For further information concerning this matter, please call:

JEROME WOODWORTH

Name of Person

at ( 307 ) 200-2803

Area Code

200-2803

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REGISTERED AGENTS INC

, hereby resigns as

Name of Registered Agent

Registered Agent for JBH MANAGEMENT GROUP LLC


Name of Limited Liability Company

L14000073401

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:

BILL HAVRE

Typed or Printed Name

SECRETARY/REGISTERED AGENTS INC.

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

16 NOV - 1 PM 1:58  
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TALLAHASSEE, FLORIDA  
DIVISION OF STATE