

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A.
Account Number : 123040000043
Phone : (904) 358-2750
Fax Number : (904) 353-1166

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 JG OPERATIONS OF NOCATEE FLORIDA, LLC

Certificate of Status	0
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AUG 30 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JG OPERATIONS OF NOCATEE FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000149397

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:

AMY H. JOHNSON, ESQ.

Name of Person

BRANT, REITER, MCCORMICK & JOHNSON, P.A.

Name of Firm/Company

135 WEST BAY STREET, SUITE 400

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

NOT APPLICABLE

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

For further information concerning this matter, please call:

REBECCA CANALES, PARALEGAL

Name of Person

at (904)

Area Code

366-2384

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INIS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSON, PA, hereby resigns as
Name of Registered Agent

Registered Agent for JG OPERATIONS OF NOCATEE FLORIDA, LLC

Name of Limited Liability Company

L14000149397

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.

Amy H. Johnson, VP
Signature of Resigning Agent

If signing on behalf of an entity:

AMY H. JOHNSON, ESQ.

Typed or Printed Name

VICE-PRESIDENT

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

INHS17 (2/14)

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