

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A.  
Account Number : 120040000043  
Phone : (904) 358-2750  
Fax Number : (904) 353-1166

2018 AUG 29 AM 9:11

**\*\*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 ST. AUGUSTINE FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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AUG 30 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H18000253795 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JG OPERATIONS OF ST. AUGUSTINE FLORIDA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000071543

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (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, REITER, MCCORMICK & JOHNSON, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for JG OPERATIONS OF ST. AUGUSTINE FLORIDA, LLC

Name of Limited Liability Company

1.15000071543

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

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