

Division of Corporations

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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

****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 NORTH ST. AUGUSTINE FLORIDA
LLC**

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

FILED
18 AUG 29 AM 9:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 29 PM 4:36

ONLINE

2018

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COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: L15000129799

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 at (904) 366-2384
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INH517 (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 NORTH ST. AUGUSTINE FLORIDA, LLC

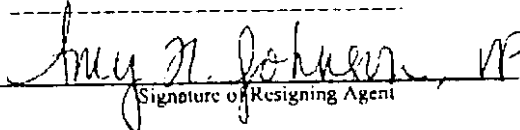
Name of Limited Liability Company

L15000129799

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:

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

IN11S17 (2/14)

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