L15000 142835

(Requestor's Name)	
(Address)	20028
(Address) (City/State/Zip/Phone #)	05/18/1
PICK-UP WAIT MAIL	
(Business Entity Name)	06/07/1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE

JUN 1 0 2016 Y SULKER



May 19, 2016

DIEGP FIGUEROA 1820 N CORPORATE LAKES BLVD SUITE 109 WESTON, FL 33326

SUBJECT: J & M FLORIDA GROUP LLC

Ref. Number: L15000142835

We have received your document for J & M FLORIDA GROUP LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00010586

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: J & M FLORIDA GROUP LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L15000142835	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Diego Figueroa	
Name of Person	•
E & F LATIN GROUP LLC	
Name of Firm/Company	•
1820 N Corporate Lakes Blvd Suite 109	
Address	•
Weston Florida 33326	
City/State and Zip Code	•
diego@eflatinaccounting.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Diego Figueroa 954	384-8565 Daytime Telephone Number
Name of Person at (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	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

STREET ADDRESS:

Tallahassee, FL 32301

Clifton Building

Registration Section Division of Corporations

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of postion 405 0115. Florida Statutos, the undersigned

rursuant to the provisions of	section 605.0115, Florida Statutes, the t	indersigned,	
E & F LATIN GROUP L	LC	, hereby resigns as	
	e of Registered Agent	, , ,	
Registered Agent for J & M	FLORIDA GROUP LLC		_
	Name of Limited Liability Company		_•
L15000142835			
Document Number,	if known		
A copy of this resignation wa	s mailed to the above listed limited liabi	lity company at its last known address.	
The agency is terminated and	the office discontinued on the 31st day		s filed.
	Signature of Resigning Ag	SELVRE IAN ALLAHAS	enteren
If signing on behalf of an enti	ity:	SEE, FLO	-
_	Typed or Printed Name	ORIUA)
	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