

215000168319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

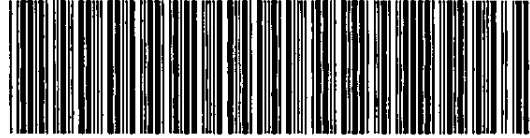
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 28 P 2:15

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MAR 29 2016  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J & B COMPUTER SERVICES & INFORMATION SYSTEMS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000168319

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:

MARIA N SMILEY

Name of Person

BLAKESBERG & CO CPA'S

Name of Firm/Company

951 SW 4TH AVE

Address

BOCA RATON, FL 33432-5803

City/State and Zip Code

*Maria@BlakesbergCPAs.Com*

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

For further information concerning this matter, please call:

MARIA SMILEY

Name of Person

at ( 561 ) 750-8300

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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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,

HAUPSTEIN, JOSHUA A

Name of Registered Agent

Registered Agent for J & B COMPUTER SERVICES & INFORMATION SYSTEMS LLC

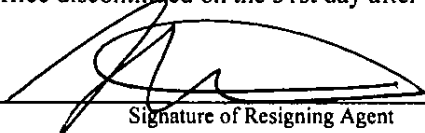
Name of Limited Liability Company

L15000168319

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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TALLAHASSEE, FLORIDA

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## **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