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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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From:

Division of Corporations Fax Number : (850) 517-6383 Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A. Account Number : 120040000043 : (904)358-2750 Phone

: (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.

Fax Number

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JG OPERATIONS HOLDINGS LLC Name of Limited Liability Company

DOCUMENT NUMBER: L16000042558

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) 고
BRANT, REITER, MCCORMICK & JOHNSON, P.A.	
Name of Firm/Company	
135 WEST BAY STREET, SUITE 400	
Address	
JACKSONVILLE, FL 32202	۰ ب
City/State and Zip Code	
E-mail address: (w be used for future annual report notification)	

For further information concerning this matter, please call:

 REBECCA CANALES, PARALEGAL
 at (<u>904</u>)
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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, P.A. ____, hereby resigns as Name of Registered Agent

Registered Agent for _JG OPERATIONS HOLDINGS LLC

		. S
Name of Limited Liability Company		
L16000042558	• •	U: 29
Document Number, if known	-	7>
A copy of this resignation was mailed to the above listed limited liability company at its last know. The agency is terminated and the office discontinued on the 31st day after the date on which this s Muy <u>1</u> John Muy Signature of Jesigning 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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