

L16000059705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

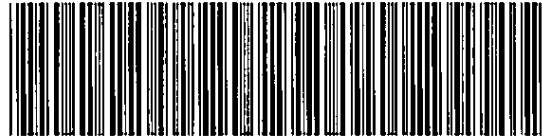
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500317578395

11/07/18--01005--002 **25.00

11/07/18 7:11:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. D. Leasing, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000059705

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:

Javier Dominguez
Name of Person

Name of Firm/Company

545 S. Keller Rd. Apt. 1301
Address

Orlando, FL 32810
City/State and Zip Code

javierdominguez09@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Dominguez at (407) 615-1629
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Javier Dominguez, hereby resigns as
Name of Registered Agent

Registered Agent for J. D. Leasing LLC
Name of Limited Liability Company

16000059705
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.

J. Dominguez
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

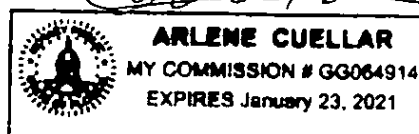
18 NOV -7 AM 11:59

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

Signed and sworn before me this 2nd day of November 2018.



INHS17 (2/14)

Signatory is personally known to me.