## 1.16000149679

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: J+M Outsouving Enterprises LLC  Name of Lindited Liability Company						
DOCUMENT NUMBER: L 16000149679						
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:						
Jim Bess Name of Person						
Name of Firm/Company						
1389 San Rafael Address						
Pockwall TX 75087  City/State and Zip Code						
Lemail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JIM Bess at 214 668-9282  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:						
Registration Section Registration Section						
Division of Corporations  P.O. Box 6327  Clifton Building						
P.O. Box 6327 Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

				D 8 1
•	of section 605.0115, Florida		-	
Mar	J. E. FAULK Name of Registered Agent		, hereby resigns as	
,	tame of Registered Agent			STATE OF THE STATE
Registered Agent for	idime of Registered Agent  ) 4 M OUT SOUL	/Ling	Enterprises	LLC 3
	Name of Limited Liabili	ity Company		
L 1 Lo 0 0 0 1 4	ber, if known			
A copy of this resignation	was mailed to the above list	ed limited lial	oility company at its las	t known address.
The agency is terminated	and the office discontinued of	on the 31st day	after the date on which	n this statement is filed.
	Mary ( Signature	Yerr e of Resigning A	gent	
If signing on behalf of an	entity:			
	Typed or Pri	inted Name		
	Canacit	tv	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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