## 118000 146232

(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



700329420167

05/15/19--01005--008 \*\*85.00

MIN MY 15 P H TO

MAY 2 3 330

## **COVER LETTER**

JLC PROPERTY ADMINIS	TRATION LLC	
SUBJECT: LIC PROPERTY ADMINIS Name of	of Limited Liability	y Company
DOCUMENT NUMBER: L1800014623	32	
The enclosed Resignation of Registered Agfor filing.	gent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concernin	g this matter to t	he following:
FELIPE MARDAKIS		
Name of Person		-
PRIME ACCOUNTING & CONSULTA	NCY LLC	
Name of Firm/Company		-
7345 W SAND LAKE RD STE 226		
Address	<del></del>	_
ORLANDO, FL 32819		
City/State and Zip Code		-
INFO@PRIMEACCOUNTING.COM		
E-mail address: (to be used for future annual i	report notification)	-
For further information concerning this ma	tter, please call:	
FELIPE MARDAKIS	407	232-6777 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

## 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 sec-	tion 605.0115, Florida Statutes, the	e undersigned.	
PRIME ACCOUNTING & C	CONSULTANCY LLC	hereby resigns as	
	Registered Agent		
Registered Agent for JLC PRO	PERTY ADMINISTRATION	N LLC	•
	Name of Limited Liability Company		_•
	Name of thinned maonity Company		
L18000146232			
Document Number, if kr	IOWII		
		ability company at its last known address.  ay after the date on which this statement is	
If also in a south about the form we have		- eine	
If signing on behalf of an entity: FELIP	E MARDAKIS	20 MAY 11	
MEME		5	
	Capacity		
	FILING FEES: \$ 85.00 Active limited liabil \$ 25.00 Administratively diswithdrawn limited	ility company issolved/ voluntarily dissolved/ liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314