

3/17/22, 2:17 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing (Cover Sheet)

**L20000356126**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jakenoble013@gmail.com

**REGISTERED AGENT RESIGNATION  
JAKE NOBLE HOME, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jack Noble Home, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000356126

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:

W. Michael Clifford

Name of Person

Gray Robinson, PA

Name of Firm/Company

301 E. Pine Street, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

mike.clifford@gray-robinson.com

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

For further information concerning this matter, please call:

W. Michael Clifford

Name of Person

at (407)

Area Code

244-5643

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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,

Gary S. Salzman

, hereby resigns as

Name of Registered Agent

Registered Agent for Jake Noble Home, LLC

Name of Limited Liability Company

L20000356126

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

**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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