

3/17/22, 2:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Number : I20010000078
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TALLAHASSEE, FL
**Enter the email address for this business entity to be used for future
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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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MAR 18 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jake 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

at (407) 244-5643

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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