

M000000002422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

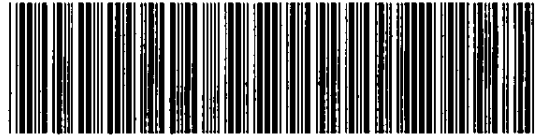
Special Instructions to Filing Officer:

L. SELLERS

DEC 22 2009

EXAMINER

Office Use Only



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09 DEC 21 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jubilee Builders LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amy Johnson

(Contact Person)

Jubilee Builders LLC

(Firm/Company)

6885 HWY 231 S

(Address)

Dothan, AL 36301

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Johnson

(Name of Contact Person)

at (334) 678-8401

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

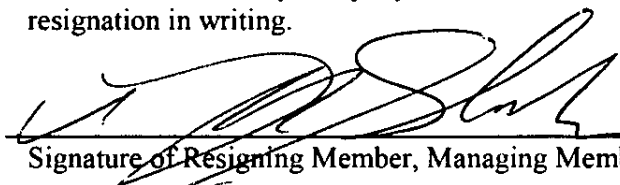
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Jubilee Builders LLC

2. This limited liability company was organized under the laws of:
the State of Alabama

3. The Florida document/registration number of this limited liability company is:
M00000002422

4. I, Tim Schroeder, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA