MCI 000001527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ___JMC CONSULTING, LLC___

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

___JAMES C MCCORMICK___

(Name of Person)

_____

(Firm/Company)

___93 PLAYERS CLUB VILLAS___

(Address)

___PONTE VEDRA BEACH, FL 32082___

(City/State and Zip Code)

For further information concerning this matter, please call:

___JAMES C. MCCORMICK___ at (_904_) _273-4595_

(Name of Person)   (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ☐ $30 Filing Fee &   ☐ $55 Filing Fee &   ☐ $60 Filing Fee,
Certificate of Status   Certified Copy   Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JMC Consulting, LLC
(Name of limited liability company)

ST Johns County
(Jurisdiction of its organization)

_7/10/2001_
(Date registered with Florida Department of State)

_M0100000 1527_
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

James C McCormick
(Signature of authorized representative)

JAMES C. McCormick
(Typed or printed name of signee)

Filing Fee: $25.00