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(Re	equestor's Name)	.		
(Ac	idress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JALLSON VILLE Proper (Name of Limited	Light Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
GARY MAGIO (Contact Person)	· ····································
(Firm/Company)	
403 13 th Ave South	•
JACUSONVILLE BEACH, FL. 3 (City/State and Zip Code)	7750
For further information concerning this matter, p	olease call:
GARY MAGIO at (Name of Contact Person)	(904) Z41- 668 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Depa	9 18/18
2. This limited liabi	lity company was organized under the laws of:	FILED STATES
	ment/registration number of this limited liability company is:	SHOLL LE
•	hereby resign as a MANAGET (Print Title) ility company and affirm the limited liability company has been notified	SHAFES 50LD 5/1/07
resignation in writ	ing.	of my
Signature of Resignature	ming Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	