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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JENGPS, 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:		
Michelle Kassinger (Name of Person)		
Nicklies Development (Firm/Company)	SEC	•
6060 Detchmans Lane, Ste 110 (Address) Louisville, KY 40205 (City/State and Zip Code)	RELIENT DE STAT	
(City/State and Zip Code)	ביונ	
For further information concerning this matter, please call:		
Michelle Kassinger at (502) 5/5-19/9 (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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certificate of Status Certified Copy \$30 Filing Fee & Certified Copy Certified Copy \$60 Filing Fee, Certified Copy Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

JENGPS, LLC	
(Name of limited liability company)	
Kentucky (Jurisdiction of its organization)	
M0300004259 (Florida Document Number)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of preasure of action arising during the time it was authorized to transact business in	accept service on rocess based on a Florida.
6060 Dutchmans Lane, Ste 110 (Mailing address)	0
Louisville Ky 40205 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in change in its mailing address.	the future of any
(Signature of member or authorized representative of a member)	TA.c
David W. NICKIES	11 AI
(Typed or printed name of signee)	APR 29 PH 3: 4 AHASSEE, FLORI

Filing Fee: \$25.00