

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M0400002628**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MCCARTHY, SUMMERS, WOOD, NORMAN, MELBY & SCHULTZ, P.A.
Account Number : I19990000170
Phone : (772)286-1700
Fax Number : (772)283-1803

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
JOMAR PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

2022 SEP - 7 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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SEP - 7 2022
K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JOMAR PROPERTIES, LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **M04000002628**

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:

JOSEPH CALABRIA, JR.

Name of Person

Name of Firm/Company

7585 W. 66TH AVENUE

Address

ARVADA, CO. 80003

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH CALABRIA, JR.

Name of Person

at (**303**)

Area Code

530-5433

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROBERT P. SUMMERS, ESQ.

_____, hereby resigns as

Name of Registered Agent

JOMAR PROPERTIES, LLC

Registered Agent for _____

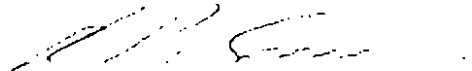
Name of Limited Liability Company

M04000002628

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:

ROBERT P. SUMMERS

Typed or Printed Name

REGISTERED AGENT

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

SECRETARY OF STATE
TALLAHASSEE, FL 0907

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