

MD40000004489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

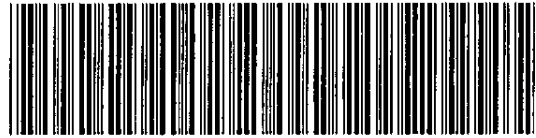
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Law Office of*  
***Daniel C. Perri***  
*4 Eleventh Avenue, Suite 1*  
*Shalimar, Florida 32579*

*Daniel C. Perri, LL.M. in Taxation*  
*Larry H. Hipsh, III, J.D.*

*Telephone (850) 651-3011*  
*Facsimile (850) 651-3306*

November 18, 2009

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

Re: *Java Jo'z Coffee & More, L.L.C.*  
*Emerald Coast Manufacturing, Inc.*

Gentlemen:

Please find enclosed herewith the following:

1. Resignation of Registered Agent for a Limited Liability Company;
2. Resignation of Registered Agent for a Corporation; and
3. This firm's checks in the sum of \$25.00 and \$35.00, respectively, for payment of the fees associated with the filing of the resignations..

Also enclosed herewith are copies of the resignations. Please return date stamped copies to me in the enclosed self-addressed, stamped envelope. Thank you for your assistance in this matter.

All future correspondence regarding Java Jo'z Coffee & More, L.L.C. and Emerald Coast Manufacturing, Inc. should be mailed to: Kim Snowden, P.O. Box 279, Mary Esther, Florida 32569.

If you have any questions regarding the above, please do not hesitate to call.

Very truly yours,



Colleen E. Brake, F.R.P.  
Florida Registered Paralegal to  
Daniel C. Perri

colleen@perrilawoffice.com

/ceb

Enc.

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Daniel C. Perri

, hereby resigns as

Name of Registered Agent

Registered Agent for Java Jo'z Coffee & More, L.L.C.

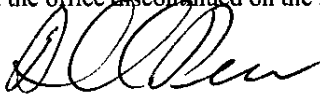
Name of Limited Liability Company

M04000004489

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:

Typed or Printed Name

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

INHS17 (08/05)

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TALLAHASSEE FLORIDA