## M0400004747

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700302866147

09/01/17--01009--004 \*\*200.00

7 SEP -1 AMIO: 26

S. WARREN SEP 0 5 2017

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	JUPITER REAL ESTATE, LLC				
SUBJECT	Name of Limited	d Liability	Company		
DOCUMENT NUMBER:	1ENT NUMBER:				
The enclosed Resignation of for filing.	of Registered Agent for	a Limited	Liability Company and fee are submitted		
Please return all correspond	lence concerning this m	atter to the	e following:		
Kaitid	e Sperry				
Name	e of Person				
Corpora	ite Direct, Inc.				
Name of	Firm/Company				
2248 Me	ridian Blvd, Ste H				
	Address				
Minden	i, NV 89423				
City/Stat	e and Zip Code				
info@corp	oratedirect.com				
E-mail address: (to be used	l for future annual report not	ification)			
For further information cor	acerning this matter, ple	ase call:			
Kaitie Sper	ту 7	75	782-2201 Daytime Telephone Number		
Name of Per	son A	\rea Code	Daytime Telephone Number		
Enclosed is a check made pliability company or \$25.00 liability company.	payable to the Florida D For an administratively	epartment dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite		

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Fl	orida Statutes, the undersigned,		
Gerri Detweiler		, hereby re	, hereby resigns as	
N:	nme of Registered Agent			
Registered Agent for JUP	ITER REAL ESTA	TE, LLC		
	Name of Limited 1	Liability Company		
M040000	04747			
Document Numb	er, if known	-		
A copy of this resignation	was mailed to the abov	re listed limited liability company a	nt its last known address.	
The agency is terminated a	nd the office discontin	ued on the 31st day after the date of	on which this statement is filed.	
_	Gerri	Ottweety gnature of Resigning Agent	8-29-17	
If signing on behalf of an e	ntity:		· · · · · · · · · · · · · · · · · · ·	
	Ger	ri Detweiler	<b>7</b>	
_	Typed	or Printed Name		
	Reg a	gent.	P-I AM HANNE OF HASSEE.	
_	1 -	apacity		
			AM ID: 26 OF STATE E. FLORID.	
			ORA 2	
	FILING FEI \$ 85.00 A	ES:		
	\$ 25.00 A	ctive limited liability company dministratively dissolved/ volunta withdrawn limited liability compan	arily dissolved/ ay	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314