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SECRETARY OF STATE

COVER LETTER

	gistration vision of	Section Corporations		
SUBJECT:	JNL S	Southeast Agency, Ll	_C	
SCHOLET.		(Name of For	reign Limited Liability	Company)
Dear Sir or I	Madam:			
The enclosed	d withdra	awal and fee(s) are submitte	d for filing.	
Please return	n all corr	espondence concerning this	matter to the following	g:
Amanda	Y.E. Je	enkins		
		(Name of Person)		_
Jackson	Nation	al Life Insurance Cor	mpany	
		(Firm/Company)		_
One Corp	porate	Way		_
		(Address)		
Lansing,	MI 489	951		
		(City/State and Zip Cod	le)	_
For further in	nformati	on concerning this matter, p	lease call:	
Amanda	Y.E. Je	enkins	517	367-4318
	(Na	ame of Person)	at ((Area Code	& Daytime Telephone Number)
Reg Div Clit 266	gistration vision of fton Buil 61 Execu	Corporations	Registration Section Division of Corporations P.O. Box 6327 Enter Circle Tallahassee, Florida 32314	
Enclosed is	a check	for the following amount:		
2 \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JNL Southeast Agency, LLC
(Name of limited liability company)
Michigan
(Jurisdiction of its organization)
August 8, 2007
(Date registered with Florida Department of State)
M0500001427
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Julia A. Goatley, Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00