

MO60000000986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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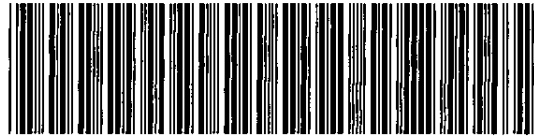
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 APR 23 AM 3:29

J. BRYAN

APR 24 2008

EXAMINER



NORMAN D. ZIMMERMAN    STEPHEN L. ZIMMERMAN    LAWRENCE G. MICELI  
(1924-2004)

737 EAST ATLANTIC BLVD.  
POMPANO BEACH, FLORIDA 33060  
(954) 941-5432  
(954) 941-0523 (FAX)

April 21, 2008

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

RE:    **JKM Strategies, LLC**  
         **Resignation of Registered Agent**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 23 AM 3:29

Dear Sir or Madam:

Enclosed please find a Resignation of Registered Agent for a Limited Liability Company for the above-referenced company.

I also enclose herewith my office check in the amount of \$25.00 to cover the fee for same.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Lawrence G. Miceli  
LGM/sim

ENCLOSURE

cc: JKM Strategies, LLC

cc: JKM Strategies, LLC  
cc: JKM Strategies, LLC

cc: JKM Strategies, LLC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JKM STRATEGIES, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M06000000986

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:

LAWRENCE G. MICELI, ESQ.  
(Name of Person)

ZIMMERMAN, ZIMMERMAN & MICELI, P.A.  
(Name of Firm/Company)

737 EAST ATLANTIC BLVD.  
(Address)

POMPANO BEACH, FL 33060  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE G. MICELI, ESQ. at ( 954 ) 941-5432  
(Name of Person) (Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 23 AM 3:29

## 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,

**LAWRENCE G. MICELI, ESQ.**

(Name of Registered Agent)

Registered Agent for

**JKM STRATEGIES, LLC**

(Name of Limited Liability Company)

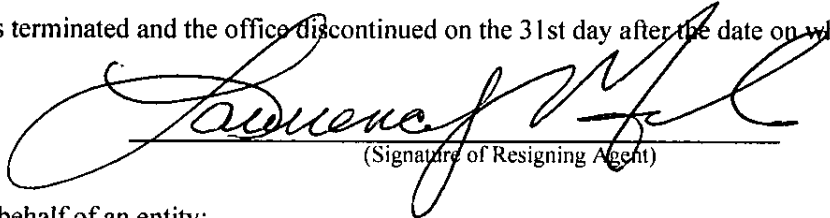
**M06000000986**

(Document Number, if known)

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DIVISION OF CORPORATIONS  
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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:

**LAWRENCE G. MICELI, ESQ.**

(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