M06000002717

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200263383412

08/26/14--01018--002 **25.00

JANUS 26 PH 3: 42

C. LEWIS

SEP 3 2014

EXAMINER

COVER LETTER

SUBJECT: JR METROCORP, LLC	
Name of Limited Lia	bility Company
DOCUMENT NUMBER: M06000002717	
The enclosed Resignation of Registered Agent for a Liftor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
PAMELA M. BROWN	
Name of Person	
Name of Firm/Company	
111 N. Orange Avenue, Suite 1800	
Address	
Orlando, FL 32801	
City/State and Zip Code	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	eall:
PAMELA M. BROWN at 407	423-7656
Name of Person Area (423-7656 Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Deparliability company or \$25.00 for an administratively distillability company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the un	ndersigned,		
PAMELA M. BROWN		, hereby resigns as			
	Name of Registered Age	ent	, nereby resigns as		
Registered Agent for	JR METROCORF	P, LLC			
	Name of Lin	nited Liability Company		,	,
M06000002717					
Document	Number, if known				
A copy of this resigna	tion was mailed to the	above listed limited liabil	ity company at its last known a	address.	
The agency is termina If signing on behalf of	Jane Car	ontinued on the 31st day a	after the date on which this stat	ement is	filed.
				=	. :
	1	Typed or Printed Name		, vne	
		Capacity		26	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissolved/ bility company	PH 3: 1/2	FOR SALES

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