M06000003177

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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

DOTS 1202

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2012

BRIAN CAMPBELL 601 SWEET APPLE CIRCLE ALPHARETTA, GA 30004

SUBJECT: J.B.J.C. PROPERTIES, LLC

Ref. Number: M06000003177

We have received your document for J.B.J.C. PROPERTIES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Thank your Computation

Journal Computa

Letter Number: 312A00022775

COVER LETTER

Division of Corporations
SUBJECT: JBJC PROPERTIES, LLC
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN CAMPBOL (Name of Person)
(Name of Person)
(Firm/Company)
Community,
(Address)
(Address)
A Bundaned & M. BALL
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (404) 408-2296 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

, COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT:	J. B. J. C. Pa	Borcenes	Ш		
	(Name of For	eign Limited Li	ability Con	npany)	
Dear Sir or Madam:					
The enclosed withdra	awal and fee(s) are submitte	d for filing.			
Please return all corr	espondence concerning this	matter to the fo	llowing:		
· 	RAN B. (AMI (Name of Person)	180L			
	(Name of Person)				
	(Firm/Company)				
601	SWCET ATPLE (IRCLE .			
	(Address)				
ALPI	HARLTTO GA 3	3004			
	(City/State and Zip Cod	le) .			
For further informati	ion concerning this matter, p	olease call:			
	CAMBERL	at (104)_	408-2296 hytime Telephone Number)	
(IN)	ame of Person)	(Allei	Cone & Da	syttine reseptione (valueer)	
Registration Division of Clifton Bui 2661 Execu	Corporations	·	Registrate Division P.O. Box	ion Section of Corporations : 6327 see, Florida 32314	
	for the following amount:	:			
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Certified C		\$60 Filing Fee, Certificate of Status & Certified Copy	a he an

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Jurisdiction of its organization) MOLODOO3177 (Florida Document Number) This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. **Applacetta*, GA 30004* (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Applacetta*, GA 30004* (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Applacetta*, GA 30004* (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Applacetta*, GA 30004* (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	J. B. J.C. Properties LLC (Name of limited liability company)	_	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. **Apharetta, GA 30004** (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Apharetta Canada and surrenders its authorized agent to accept service on its behalf and appoints the Department of Florida. **Apharetta GA 30004** (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Apharetta GA 30004** (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. **Apharetta GA 30004** (Signature of member or authorized representative of a member) **Apharetta GA 30004** (Signature of member or authorized representative of a member)	(Name of limited liability company)		
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The limited liability company agrees to notify the Department of State in the future of any office (Signature of member or authorized representative of a member) And And	,	s	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. SECRETARY STATES OF THE STATES O	This limited liability company revokes the authority of its registered agent to accept service of its behalf and appoints the Department of State as its agent for service of process based on cause of action arising during the time it was authorized to transact business in Florida.	n a	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. X Signature of member or authorized representative of a member)	X 601 Sweet Apple Circle (Mailing address)		
(Signature of member or authorized representative of a member) **BOST STATES OF THE S	Alpharetta, GA 30004 (City/State/Zip)		
(Signature of member or authorized representative of a member) **BOST STATES OF THE S	The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	SECRE DIVISION	, 1
SKIMO B. CHMPBEN_	(Signature of member or authorized representative of a member)	OF COR	77.50
	(Typed or printed name of signee)	~.	e state