

MO8000002492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

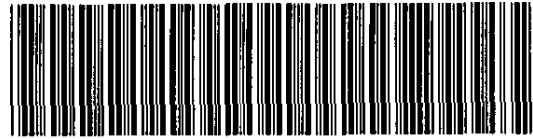
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261026204

06/16/14--01022--013 **25.00

14 JUN 16 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

R. A. Mesif
JUL 03 2015
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & L REALTY SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M08000002492

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:

Michael LaSala

Name of Person

IncSmart.biz, Inc.

Name of Firm/Company

4264 Lady Burton St

Address

Las Vegas, NV 89129

City/State and Zip Code

michael@incsmart.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael LaSala

Name of Person

at (702)

Area Code

334-0391

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of section 605.0115, Florida Statutes, the undersigned,

INCSMART FLORIDA, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **J & L REALTY SERVICES, LLC**

Name of Limited Liability Company

M08000002492

Document Number, if known

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:

David Oliver

Typed or Printed Name

President

Capacity

RECEIVED
AND
FILED
14 JUN 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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