

1709000000181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

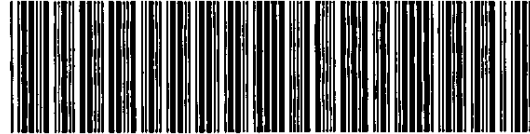
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200277773642

10/07/15--01020--008 \*\*340.00

FILED

2015 OCT -7 A 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 08 2015  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARBICO-JAX 1, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M09000000181

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:

Elizabeth A. Straub

Name of Person

National Corporate Research, Ltd.

Name of Firm/Company

615 S. Dupont Hwy

Address

Dover, DE 19901

City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Straub

at (

866

621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

FILED  
2015 OCT -7 A 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

National Corporate Research, Ltd.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

ARBICO-JAX 1, LLC

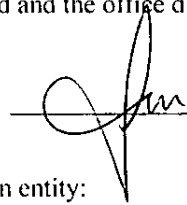
\_\_\_\_\_  
Name of Limited Liability Company

M09000000181

\_\_\_\_\_  
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:

Florence Spelzhausen

\_\_\_\_\_  
Typed or Printed Name

Assistant Secretary

\_\_\_\_\_  
Capacity

**FILED**  
2015 OCT -7 A 9:51  
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