Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (302)531-0855

Fax Number

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Email	Address:	

LLC REGISTERED AGENT RESIGNATION SJR INVESTMENT MANAGEMENT, LLC

Certificate of Status	0
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EXAMINE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	1			
	% 16		•	
SUBJECT: SJR INVESTMENT				
	Name of Limited Liab	ility (ompany)	
DOCUMENT NUMBER: M0900	00004956			
The enclosed Resignation of Registe for filing.	ered Agent for a Lim	ited I	Liability Company	
Please return all correspondence cor	ocerning this matter	o the	following:	
EDIE WHITEBREAD				\$ 6
(Name of Pers	on)			
INCORPORATING SERVICES,				
(Name of Firm/Co	mpany)			
3500 S DUPONT HWY				
(Address)				
DOVER, DELAWARE 19901				
(City/State and Zir	Code)			
For further information concerning	this matter, please ca	11:		
EDIE WHITEBREAD	at (302)	531-0855 & Daytime Telepho	_
(Name of Person)	(Area	Code	& Daytime Telepho	ne Number)
Enclosed is a check made payable to liability company or \$25.00 for an a liability company.	o the Florida Departs dministratively disso	nent (lved,	of State for \$85.00 voluntarily dissol	for an active limited ved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpora 409 E. Gaines Street Tallahassee, FL 32	ations et	I	

INHS17(11/02)

(((H12000134376 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,	
INCORPORATIN	IG SERVICES, LTD.	, hereby resigns as	
<u> </u>	(Name of Registered Agent)	, 43334, 4334	
Registered Agent for _	SJR INVESTMENT MANAGEME	ENT, LLC	-
	(Name of Limited Liability Compa	ety)	
М09000004956			5
(Document Number, if known)		600	
A copy of this resignat	tion was mailed to the above listed limited	i liability company at its last known address	
The agency is terminal	ted and the office discontinued on the 31st	at day after the date on which this statement	is filed.
If signing on behalf of	an entity:		
	CANDICE B. SWETLAND		
	(Typed or Printed Name ASSISTANT SECRETARY)	
	(Capacity)		

Active limited liability company
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 Tallabassee, FL 32314