## M1400000716

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use O	nlv



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AUG O 9 2013

## **COVER LETTER**

4					
	on Section of Corporations				
JB I	FT PIERCE, LLC				
SUBJECT:		reign Limited Liability (	Company)		<b>-</b> -
	,	S ,	1 7/		
Dear Sir or Madam	<b>:</b> :				
The enclosed with	Irawal and fee(s) are submitte	ed for filing.			
Please return all co	rrespondence concerning this	matter to the following	:		
Shelly Moffett					
	(Name of Person)		-		
Oldacre McDo	onald				
	(Firm/Company)		-		
3841 Green H	ills Village Dr, Ste 400	)			
	(Address)	· · ·	-	= -	
Nashville, TN	37215			ZOTE AUG	
	(City/State and Zip Coo	le)	•	J6 -8	
For further informa	tion concerning this matter, p	elease call:		THE TO	
Shelly Moffett		615 at (	269-5444	4: O	
(	Name of Person)	(Area Code &	Daytime Telephone	e Number)	-
	COURIER ADDRESS:		ING ADDRESS	:	
	on Section of Corporations	Registration Section Division of Corporations			
Clifton Bu	illding	P.O. Box 6327			
	cutive Center Circle ee, Florida 32301	Tallah	assee, Florida 323	314	
Enclosed is a chec	k for the following amount:				
<b>☑</b> \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing F Certificate o Certified Co	f Status &	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JB FT PIERCE, LLC	
(Name of limited liability company)	<del></del> -
DELAWARE	
(Jurisdiction of its organization)	
OCTOBER 1, 2014	
(Date registered with Florida Department of State)	
M1400007076	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)  E.H. Camp, III  (Typed or printed name of signee)	
TALLAHASSEE FLORID	7

Filing Fee: \$25.00