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Office Use Only



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Monda

Bulb Jacket, LLC 10203 Tarpon Springs Road Odessa, Florida 33556 February 11, 2016

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may Concern:

RE:

Resignation of Registered Agent Statement of Change of Registered Agent Resignation/Dissociation of Member(s)

Attached please find the completed and authorized forms to effect the following with respect to Bulb Jacket, LLC, a Foreign Corporation registered to do business in the State of Florida:

- 1. Cover Letter and Statement of Resignation of Registered Agent for a Foreign Limited Liability Company for John B Zumwalt III (\$85.00 filing fee);
- Cover Letter and Statement of Change of Registered Agent from John B Zumwalt III to naming Kathy Ruriani as the new Registered Agent with a new registered agent Office Address (\$25.00 filing fee);
- 3. Cover Letter and Resignation of Member from Foreign Limited Liability Company for John B Zumwalt III (\$25.00 filing fee); and,
- 4. Cover Letter and Resignation of Member from Foreign Limited Liability Company for Martha Korman Zumwalt (\$25.00 filing fee).

A check in the amount of \$160.00 is enclosed for the total sum of filing fees noted above.

Please process the requests as soon as possible.

Thanks in advance for your assistance with these matters.

Very Truly Yours,

John B Zumwalt III johnzum@aol.com

727-460-1942 cell

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Dulb leekst LLC			
SUBJECT: Bulb Jacket, LLC Nam	ne of Limited Liability Company		
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·		
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence concer	rning this matter to the following:		
Kathy Ruriani			
Name of Person	<del></del>		
Bulb Jacket, LLC			
Name of Firm/Compar	n <del>y</del>		
3433 Lithia Pinecrest Road, Ste# 23	38		
Address			
Valrico, Florida 33596			
City/State and Zip Coo	de		
kathy.ruriani@bulbjacket.com			
E-mail address: (to be used for future annual	ual report notification)		
For further information concerning this	matter, please call:		
Kathy Ruriani	_813		
Name of Person	at ( Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admit liability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limite		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section Division of Corporations	Registration Section		
P.O. Box 6327	Division of Corporations Clifton Building		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provisions of	of section 605.011	5, Florida Statutes, the un-	dersigned,		
ohn B Zumwalt III , hereby resigns as					
Na					
Registered Agent for Bulb	Jacket, LLC				
	Name of Lin	nited Liability Company		7	
M14000007420					
Document Number	er, if known				
A copy of this resignation very the agency is terminated and the agency is agency is a supplication and agency is a supplication and agency is a supplication and agency is agency is a supplication and agency is a suppl			fter the date on whi		
If signing on behalf of an er	ntity:				
	т	yped or Printed Name	<del></del>	TALL SHEET THE	
_		Capacity	<del></del>	TB 16 PH	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso- withdrawn limited liab	company lved/voluntarily di pility company	5. F	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314