

M18 0000003987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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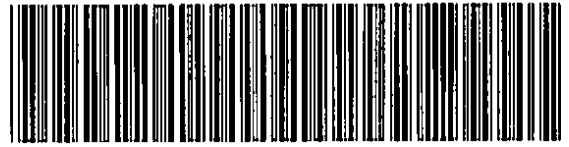
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2506 JAMMES ROAD LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M18000003987

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:

SCOTT J. SCHUSTER  
Name of Person

CORPORATE SERVICE BUREAU INC.  
Name of Firm/Company

283 WASHINGTON AVENUE  
Address

ALBANY, NY 12206  
City/State and Zip Code

ACCOUNTING@CORPORATEBUREAU.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN LEWANDOWSKI at ( 518 ) 463-4179 EXT. 1202  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

CORPORATE SERVICE BUREAU INC., hereby resigns as  
Name of Registered Agent

Registered Agent for 2506 JAMMES ROAD LLC

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

M18000003987

\_\_\_\_\_  
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:

SCOTT J. SCHUSTER

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

PRESIDENT

\_\_\_\_\_  
Capacity

## **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

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