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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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## SALLY J. KIRCHER.

Attorney at Law

9802 Baymeadows Road, Suite 12 - PMB 202, Jucksonville, Florida 32256

Telephone: (904) 641-0817 777943) Facsimile: (904) 645-9303 Email: skircher@kircherlaw.com Admitted in Florida (No.

September 25, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Enclosed is my resignation as Registered Agent for two Florida Corporations- Julington Enterprises, Incorporated and Julington Music, Inc. - and one Florida Limited Liability Company - Julington Landholdings LLC. Also enclosed is a check made payable to the Florida Department of State in the amount of \$260.00 to cover the cost of the filing fee for these three resignations. As required by law, I am sending a copy of these resignations to the last know address of the cooperation, which is the address of its Director Dorothy Bush, not the address listed by Ms. Bush on her Annual Report. Please contact me if you have any questions or need further information.

Thanks you for your cooperation in this matter.

Sincerely,

Sally I I

cc: Dorothy Bush
Julington Landholdings, LLC
Julington Enterprises Incorporated
Julington Musci, Inc.
864 Putters Green Way, North
Julington, Florida 32259-4339

Dorothy Bush
Julington Landholdings, LLC
Julington Enterprises Incorporated
Julington Musci, Inc.
Post Office Box 602008
Fruit Cover, Florida 32260-1008

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, Sally J. (Name of Registered Agent)	_	
hereby resigns as Registered Agent for July 100 MV51c, Inc. (Name of Corporation)	_	
POLODO 72.542 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address	S.	
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:  (Typed or Printed Name)	07 SEP 2	<u>T</u>
(Capacity)	7 PH 12: (	ת כ

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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