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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077
Phone : (407)649-4016
Fax Number : (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION JLR PROPERTIES, INC.

Certificate of Status	0
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BakerHostetler

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JLR Properties, Inc.	
(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P97000008574	
The enclosed Resignation of Registered Agent for a Corporation and f	ee are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Evelyn Rodriguez	2023 1717 24
(Name of Person)	
Baker & Hostetler, LLP	55
(Name of Firm/Company)	
200 S. Orange Avenue, SUITE 2300	් යි යි
(Address)	-
Orlando, Florida 32801	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Evelyn Rodriguez 407 649-4071	
(Name of Person) (Area Code & Daytim	e Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	David L. Schiek	
	(Nume of Registered Agent)	
hambu maines as Danistanso A can	Lear JLR Properties, Inc.	
hereby resigns as Registered Agent for M.R. Properties, Inc. (Name of Corporation)		
P97000008574		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address	
this statement is filed.	Office discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	(Signature of Resigning Agent)	
	(Typed or Printed Name)	
	(Typed or Printed Name)	
	(Capacity)	

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