

L16000102636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

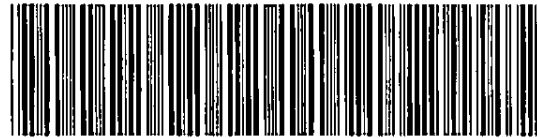
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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YOUNG & RUBEN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resignation of Registered Agent and Office

Name of Limited Liability Company

DOCUMENT NUMBER: L16000102636

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:

Mandy Theobald

Name of Person

KKOS Lawyers

Name of Firm/Company

1883 W. Royal Hunte Dr. Suite 200

Address

Cedar City, UT 84720

City/State and Zip Code

mandy@kkoslawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandy Theobald

435

586-9366

at (

_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Joyca Enterprises REI, LLC _____

Name of Limited Liability Company

L16000102636 _____

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:

Mandy Theobald _____

Typed or Printed Name

Authorized Agent _____

Capacity

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17 SEP -1 AM 8:49
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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