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C. GOLDEN

JUL - 2 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUR.	JayGee, LLC JECT:
1,7 () 121.	Name of Limited Liability Company
DOC	UMENT NUMBER: L18000036727
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ling.
Pleas	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	alzoom.com, Inc.
	Name of Firm/Company
9900) Spectrum Dr.
	Address
Aust	in, TX 78717
-	City/State and Zip Code
<u>-</u>	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	Name of Person at (1 800) 773-0888 x395 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enelo liabil liabil	osed is a check made payable to the Florida Department of State for \$85.00 for an active limited ity company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ity company.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 provisio	ns of section 605.0115, Florida Statutes, the under	signed.	
United States Corp	oration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	neredy resigns as	
Registered Agent for	ayGee, LLC		
	Name of Limited Liability Company		
L18000036727			
Document No	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability o	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after Signature of Resigning Agent		filed.
If signing on behalf of a	n entity:	ال 19	-
	Cheyenne Moseley	2019 JUH 21	<u> </u>
	Typed or Printed Name	*	,
	Asst. Secretary for United States Corporation Age	ents, Inc.	
	Capacity	ents, Inc. PH 4:31	O

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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, F1, 32314