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COVER LETTER

SUBJECT:	JA7717 of H	allywood Lt	d		
SCHOLECT	JAZZIZ of Ho Name of Limited	l Liability Comp	any		
DOCUMENT NUMBER:	A	A0400000203			
The enclosed Resignation of Refor filing.	gistered Agent for	a Limited Liab	ility Company and fee are submit	ted	
Please return all correspondence	concerning this m	atter to the foll	owing:		
Michael F	agien				
Name of P	erson	<u>_</u> _			
JAZZIZ of Holl					
Name of Firm	Company				
7223 Panac					
Boca Raton, City/State and	Fi 33433 Zip Code				
E-mail address: (to be used for fu	iture annual report noti	fication)			
For further information concern	ing this matter, plea	ase call:			
Michael Fagien	at (561)	910-7721		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section

Division of Corporations

TO:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions	of section 608.416(2) or 608.509	9, Florida Statutes, the undersigned,	
	Michael Fagie	, hereby resigns as	75 75
N	ame of Registered Agent	, nervey reagns us	Eg 😦
Registered Agent for	JAZZIZ	Z of Hollywood Ltd	宝宝 元
	Name of Limited Liability C	Company	FLCF ST
A040000 Document Numb			11: 04 STATE FLORIDA
A copy of this resignation	was mailed to the above listed li	mited liability company at its last kr	own address.
The agency is terminated a	and the office discontinued on the	e 31st day after the date on which th	is statement is filed.
_	HAW Signature of B	Resigning Agent	
If signing on behalf of an e	_		
_	Michael Fa	gien	
	Typed or Printed	Name	
_	registered as	gent and former she	kreholder/

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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