

L04000057448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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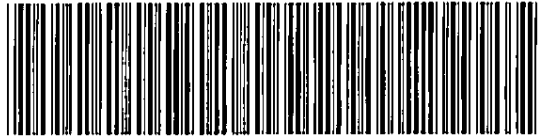
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 02 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSC Investments LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000057448

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:

M. Barbara Amaro

Name of Person

M. Barbara Amaro, Esq.

Name of Firm/Company

8950 SW 74 Ct., Suite 2201

Address

Miami, FL 33156

City/State and Zip Code

barbara@amaroprobateclaw.com

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

For further information concerning this matter, please call:

M. Barbara Amaro

305

384-7213

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 MAR 05 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

M. Barbara Amaro, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for JSC Investments, LLC

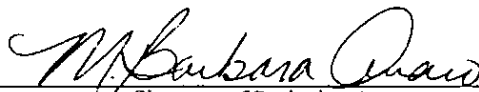
Name of Limited Liability Company

L04000057448

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:

Typed or Printed Name

Capacity

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, FL 32314

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TALLAHASSEE, FL