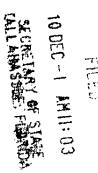
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
RECEIVED DEC -3 AM 9: 18 CHETRAP OF STATE LA HASSEE FLORIDA					
Office Use Only					



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Responsible Responsibility Res

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 608.416	(2) or 608.50	9, Florida Statutes	s, the undersigned	,
REWAR		VAL	, h	ereby resigns as	
Nam	e of Registered Ago	ent			
Registered Agent for	SJA	Auto	Seunus	LLC	
	Name of Lir	nited Liability (Company		
L07000 126	564	,751#	- 75-326	40/	
Document Number,	if known	•		-	
A copy of this resignation wa	s mailed to the	above listed l	imited liability cor	mpany at its last k	nown address.
The agency is terminated and	the office disco	ontinued on th	ne 31st day after th	e date on which the	his statement is filed.
	h		L		
		Signature of	Resigning Agent		
If signing on behalf of an ent	ity:				
	·	l'yped or Printed	Name		
		Capacity	···		ilment

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314