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T GLASS SEP 0 6 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

JOLINK, LLC

PLEASE RETURN A STAMPED COPY

CK# 8344

FOR:

\$190.00

(\$25.00 for this filing)

THANK YOU!

2019 SEP -5 AH 11: 14

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes,	the undersigned,	
ATRIUM REGISTERED AGENTS, INC.		, hereby resigns as	
	Name of Registered Agent	, nerooy, reaging as	
Registered Agent for	JOLINK, LLC		
	Name of Limited Liability Company	у	
L08000008510			
Document	Number, if known		
	ation was mailed to the above listed limited ated and the office discontinued on the 31s Signature of Resignit	day after the date on which this statemer	
If signing on behalf of an entity:			38 (
	RALPH A. NARDI	•	
	Typed or Printed Name VICE PRESIDENT, DIRECTOR Capacity	<u>.</u>	2 WHIII
			t.

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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