

U8000082111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

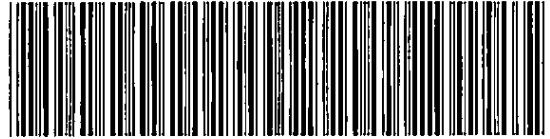
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900402887159

02/07/23--02:07--011 **25.00

FILED
2023 FEB 23 PM 12:50
TALLAHASSEE, FL
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JENRAY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L080000082111

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:

Aubin Robinson
Name of Person

Aubin Robinson & Associates
Name of Firm/Company

505 Royal Palm Beach
Address

Royal Palm Beach FL 33421
City/State and Zip Code

Law firm of Aubin Robinson Esq. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aubin Robinson at (561) 333 8755
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 FEB 23 PM 12:50
FLORIDA DEPARTMENT 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,

AUBIN W. ROBINSON ESQ

Name of Registered Agent

, hereby resigns as

Registered Agent for

JENRAY, LLC

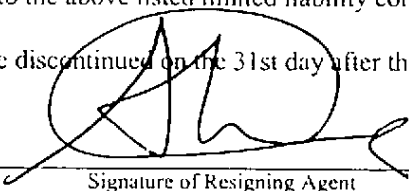
Name of Limited Liability Company

L08000082111

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB 23 PM 12:50

FILED