

L10 000 100933

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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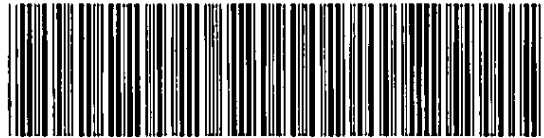
(Business Entity Name)

(Document Number)

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J. LEGGETT

J. LEGGETT
MAY 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jax Cafe, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000100933

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:

Franklin Loza
Name of Person

Jax Cafe, LLC
Name of Firm/Company

911 NW 209 Ave # 115
Address

Pembroke Pines, FL 33029
City/State and Zip Code

loza.frank@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklin Loza at (954) 709-8164
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Rosa Cebedo

Name of Registered Agent

, hereby resigns as

Registered Agent for Jax Cafe, LLC

Name of Limited Liability Company

L10000100933

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]
Signature of Resigning Agent

May 19, 2018

If signing on behalf of an entity:

Rosa Cebedo

Typed or Printed Name

Owner/mgr

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