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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 1919477 8323810
AUTHORIZATION TONELLE REAL
COST LIMIT : \$ 85.00
ORDER DATE : July 20, 2021
ORDER TIME : 2:51 PM
ORDER NO. : 919477-005
CUSTOMER NO: 8323810
RESIGNATION OF RA
NAME: J&K SNACKS LLC
XX RESIGNATION OF REGISTERED AGENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT: J&K SNACKS LLC Name	e of Limited Liabil	ity Company
DOCUMENT NUMBER: L11000076667	7	
The enclosed Resignation of Registered for filing.	Agent for a Limi	ted Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to	o the following:
RESIGNATIONS DEPARTMENT		
Name of Person		_
CORPORATION SERVICE COMPANY		
Name of Firm/Compan	y	
251 LITTLE FALLS DRIVE		
Address		
WILMINGTON, DE 19808		
City/State and Zip Code	e	_
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annu	al report notification)
For further information concerning this i	matter, please cal	1:
RESIGNATION DEPT	800 at (927-9801
Name of Person	Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,			
CORPORATION SERVICE COMPANY		hereby resigns as				
Name of Registered Agent				~		
Registered Agent for	K SNACKS LLC					_
			<u>-</u>			_
<u> </u>	Name of Lin	nited Liability Company	<u> </u>			_•
L11000076667						
Document Nu	mber, if known					
The agency is terminated	Ey	ontinued on the 31st day afte		h this stat	ement	is filed.
	BY EYLIENA BAKI					
	VICE PRESIDENT	'yped or Printed Name		•		
		Capacity		[] () [] [] () [] [] ()	VH 10: 12	San S
	FILING \$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dis ty company	solved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314