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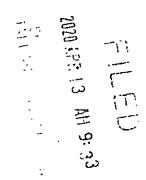
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JOESOBE1126, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: <u>L14000044280</u>
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:
Attn: ROA Team  Name of Person
Capitol Corporate Services, Inc.  Name of Firm/Company
PO Box 1831 Address
Austin, TX 78767  City/State and Zip Code
regagent@capitolservices.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Agent Resignation Filings Team at ( 800 ) 345-4647  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment 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

Pursuant to the provision:	s of section 605.0115,	Florida Statutes, the	e undersigned,		
			, hereby resigns	as	
,	Name of Registered Agent				
Registered Agent for		JOESOBE1	126, LLC		
		Name of the Limited	Liability Company	<del></del> -	
1.4.4000	2011000				
L14000 Document Num	0044280				
	·				
A copy of this resignation	was mailed to the ab	ove listed limited lia	ability company at its la	ast known addi	ress.
The agency is terminated	and the office discont	tinued on the 31st d	av after the date on whi	ich this statem	ent is filed
ine agency is terminated	and the office discon-	inded on the 51st di	ay after the date on whi	en uns seutenn	0111 10 11104
			<u></u> .		
		Signature of Risigning	Apart		20
If signing on behalf of an o	entity:			<del>-</del> -	2020 KPR
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-	<u>J</u>	ason Fischer ced or Printed Name		•	$\frac{1}{\omega}$
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	Assistant Secretary				Ä.
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	<u>FILING F</u> \$ 85.00	FEES: Active limited liab	ility company		
	\$ 25.00	Administratively d	lissolved/voluntarily d liability company	lissolved/	

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

INHS17 (2/14)

