# L14000184339

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: JVB Consulting Services,	LLU		
Name of Limited Liability	Company		
DOCUMENT NUMBER: L14000184339			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are s	submi	tted
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.	S. C.	202	
Address	TALI	37E	-31
Austin, TX 78717	<b>A</b>	2023 FEB 22	
City/State and Zip Code	Y S S C S S C S C S C S C S C S C S C S	P	T
raresignations@legalzoom.com	100 mm	PH 12: 27	
E-mail address: (to be used for future annual report notification)	FLAIR	27	
For further information concerning this matter, please call:			
at ( 800	773-0888		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida Statutes, the unc	dersigned,	
United States Corporation Agents, Inc h		, hereby resigns as	
	Name of Limited Liability Company		<del></del> `
L14000184339			
Document N	lumber, if known		
	ion was mailed to the above listed limited liability		
The agency is terminate	ed and the office discontinued on the 31st day aft	<del></del>	
If signing on behalf of a	an entity:	<b>23 F</b>	
	Cheyenne Moseley	2023 FEB 2 SECHALIAI TALLAH	0 g
	Typed or Printed Name	A	ğ
	Asst. Secretary for United States Corporation A		
	Capacity	5 AT E. FL	O

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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