

L15000129448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

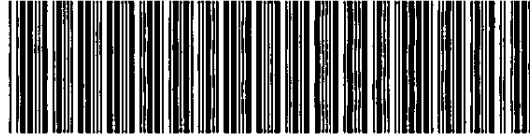
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JAN 19 P 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 20 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YJP HOLDINGS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000129448

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:

PETER PARK

Name of Person

YJP HOLDINGS LLC

Name of Firm/Company

465 NE SPANISH TRAIL

Address

BOCA RATON, FL 33432

City/State and Zip Code

PETER.PARK@BOCAFLASHER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER PARK

Name of Person

at (**561**) **706-8006**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 19 P 3:30

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BOCA FLASHER INC

Name of Registered Agent

, hereby resigns as

Registered Agent for YJP HOLDINGS LLC

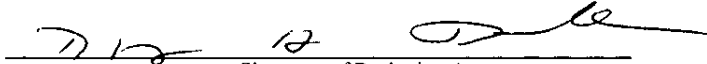
Name of Limited Liability Company

L15000129448

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:

MYUNG PARK

Typed or Printed Name

PRESIDENT

Capacity

FILED
2018 JAN 19 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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