

L15000142812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

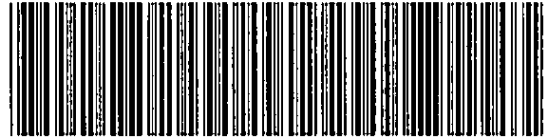
(Business Entity Name)

(Document Number)

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19 DEC 20 PM 3: 04
DEPT OF STATE
DIVISION OF CORPORATION

JAN 24 2020
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED
REGISTRATION SECTION
19 DEC 20 PM 3:04

SUBJECT: JPal Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000142812

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

101 North Brand Blvd. 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

raresignations@legalzoom.com

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

For further information concerning this matter, please call:

Janna Pantoja

Name of Person

at (1 800)

Area Code

773-0888 x3950

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

19 DEC 20 PM 3:04
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

United States Corporation Agents, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for JPaf Solutions, LLC

Name of Limited Liability Company

L15000142812
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:

Cheyenne Moseley

Typed or Printed Name
Asst. Secretary for United States Corporation Agents, Inc.

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