



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000147859 3)))



H200001478593ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
CAJOBEAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2020 MAY 19 PM 12:19

RECEIVED

2020 MAY 19 AM 10:10

O SIMMONS
MAY 20 2020

#20000147859 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SUPERBIZ REGISTERED AGENT, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for CAJOBEAL LLC

Name of Limited Liability Company

L15000198023

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:

TINA MAKI

Typed or Printed Name

DP

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

#20000147859 3