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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: JOE & THE JUICE MIAMI LLC | | | | |
|---|--|--|--|--|
| SUBJECT: Name of Limited Liability Company | | | | |
| DOCUMENT NUMBER: L16000034096 | | | | |
| The enclosed Resignation of Registered Agent for a Limited Liabilit for filing. | y Company and fee are submitted | | | |
| Please return all correspondence concerning this matter to the follow | ring: | | | |
| Amanda Archambault | | | | |
| Name of Person | | | | |
| National Corporate Research, LTD. | | | | |
| Name of Firm/Company | | | | |
| 850 New Burton Rd Suite 200 | | | | |
| Address | | | | |
| Dover, DE 19904 | | | | |
| City/State and Zip Code | | | | |
| | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Amanda Archambault 866 621-3 | 3524 ext. 3041 | | | |
| Amanda Archambault at (866) 621-3 Name of Person Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check made payable to the Florida Department of State liability company or \$25.00 for an administratively dissolved, volunt liability company. | for \$85.00 for an active limited arily dissolved or withdrawn limited | | | |
| MAILING ADDRESS: STREET ADD | RESS: | | | |

Registration Section

Tallahassee, FL 32301

Clifton Building

Division of Corporations

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 605.011 | 5, Florida Statutes, the | undersigned, | | |
|-----------------------------------|--------------------------------|--|---------------------|--|--|
| National Corporate Research, LTD. | | hereby resign | , hereby resigns as | | |
| Name of Registered Agent | | | | | |
| Registered Agent for _ | JOE & THE JUICE | MIAMI LLC | | | |
| | Name of Lin | nited Liability Company | | | |
| L16000034096 | | | | | |
| Document 1 | Number, if known | | | | |
| _ | | | after the date on w | hich this statement is filed. | |
| | _ CROCK | Signature of Resigning Ag | gent Thur | | |
| If signing on behalf of | an entity: | | | 20 | |
| | Brooke Daughei | rty-Hayes | | - T | |
| | 7 | 'yped or Printed Name | | | |
| Assistant Secretary | | | SAR WI | | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liabili Administratively dis- | ity company | TILED BY STATE OF STA | |
| | 4 2 3.00 | withdrawn limited li | iability company | 415501 104 / | |

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