

W16000074553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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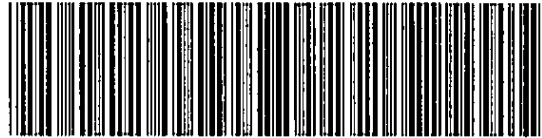
(Business Entity Name)

(Document Number)

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FALL 2022  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAYBEE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000074553

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:

Adam C. Sabocik

Name of Person

Boyes, Farina & Matwiczuk, P.A.

Name of Firm/Company

3300 PGA Boulevard, Suite 600

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

asabocik@bfmlaw.com

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

For further information concerning this matter, please call:

Adam C. Sabocik

at ( 561 ) 694-7979

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jonathan R. Gigele

, hereby resigns as

Name of Registered Agent

Registered Agent for JAYBEE LLC

Name of Limited Liability Company

L16000074553

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:

Typed or Printed Name

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

2022 SEP 27 PM 1:06

FLORIDA DEPARTMENT OF STATE