

LM000081547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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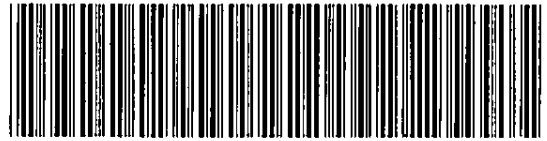
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

SEP 1 2023

R. HUNT

08/28/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.B. Foods LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000081547

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:

Bernardo Quintero  
Name of Person

J.B. Foods LLC  
Name of Firm/Company

1902 SW Logan Street  
Address

Port St. Lucie FL 34953  
City/State and Zip Code

Bernie@paellagill.com  
E-mail address: (to be used for future annual report notification)

← BERNIE Q

For further information concerning this matter, please call:

Jim Carr at (772) 595-4300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

James Carr

Name of Registered Agent

, hereby resigns as

Registered Agent for

JB Foods LLC

Name of Limited Liability Company

L17000081547

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.

James Carr

Signature of Resigning Agent

If signing on behalf of an entity:

JAMES CARR

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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 Aug 28 PM 12:40