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## **COVER LETTER**

TO: Registration Section Division of Corpora	tions
SUBJECT: CWM Jupiter,	Ilc
	Name of Limited Liability Company
DOCUMENT NUMBER:	L17000111277
The enclosed Resignation o for filing.	f Registered Agent for a Limited Liability Company and fee are submitted
Please return all correspond	ence concerning this matter to the following:
United States Corporatio	n Agents, Inc.
Name	of Person
Legalzoom.com, Inc.	
Name of I	Pirm/Company
101 North Brand Blvd. 11	th Floor
A	ddress
Glendale, CA 91203	
City/State	and Zip Code
raresignations@legalzoo	m.com
E-mail address: (to be used	for future annual report notification)
For further information cond	cerning this matter, please call:
Janna Pantoja	at (800 )773-0888 x3950
Name of Pers	on Area Code Daytime Telephone Number
Enclosed is a check made paliability company or \$25.00 liability company.	avable to the Florida Department of State for \$85.00 for an active limited for an administratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provision	is of section 605.011	5. Florida Statutes, the unders	igned.	
United States Corpo	oration Agents, Ir	ıc.	hereby resigns as	
	Name of Registered Age		nerco, reagnata	
Registered Agent for C	VM Jupiter, Ilc			_
	Name of Lin	nited Liability Company		
L17000111277				
Document Nui	mber, if known	<del></del>		
A copy of this resignatio	n was mailed to the a	above listed limited liability ec	ompany at its last known address	
The agency is terminated	and the office disco	ontinued on the 31st day after to 31st day after	the date on which this statement	
If signing on behalf of an	rentity:			2021
	Cheyenne Mose	eley		2020 APR 20
		yped or Printed Name		表 (2) (2) 発売。
	Asst. Secretary for t	Jnited States Corporation Ager	nts, Inc.	
		Capacity		
			67:1 11.	*
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/	•

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

Tallahassee, FL 32344