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SEP 1 9 2019 S.

S. YOUNG

COVER LETTER

SUBJECT: Name o	of Limited Liability	v Company
DOCUMENT NUMBER: L1700011371	•	
The enclosed Resignation of Registered Agfor filing.	gent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concernin	g this matter to t	he following:
United States Corporation Agents, Inc.		
Name of Person		-
Legalzoom.com, Inc.		
Name of Firm/Company		-
101 North Brand Blvd. 11th Floor		
Address	· · · · · · · · · · · · · · · · · · ·	-
Glendale, CA 91203		
City/State and Zip Code		-
E-mail address: (to be used for future annual r	eport notification)	-
For further information concerning this ma-	tter, please call:	
Janna Pantoja	1 800	773-0888 x3950
Name of Person	Area Code	773-0888 x3950) Daytime Telephone Number
Enclosed is a check made payable to the Floriability company or \$25.00 for an administ liability company.	orida Departmen tratively dissolve	t of State for \$85,00 for an active limited d, voluntarily dissolved or withdrawn limite

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.014	5, Florida Statutes, the under	signed.			
United States Corporation Agents, Inc.		, hereby resigns as				
	_ Thereof realgha ta					
Registered Agent for	JW Ventures LLC					
	Name of Lim	ited Liability Company			<u></u> ,	
L17000113711						
Document No	imber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability of	zompany at its last k	cnown add	iress.	
The agency is terminate	d and the office disco	ntinued on the 31st day after Signature of Resigning-Agent	the date on which t	his staten	nent is	filed.
If signing on behalf of a	n entity:					
	Cheyenne Mose	ley		7		
		yped or Printed Name Inited States Corporation Age	ents, Inc.		9 SEP	Ti
		Capacity			-9 PM	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	d/ voluntarily disso	Sept.	N 1: 17	``

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