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## **COVER LETTER**

SUBJECT:	Name of Limi	ted Liability	Company	
DOCUMENT NUMBER:	L17000127448			
The enclosed Resignation of Refor filing.	gistered Agent fo	or a Limited	Liability Company and fee are submitted	
Please return all correspondence	concerning this	matter to th	ne following:	
Chelsea (	Chapman			
Name of I	•			
Legalinc Corporate	e Services, Inc.			
Name of Firm	/Company			
10601 Clarence Dri	ve, Suite 250			
Addre	SS			
Frisco, TX	75033			
City/State and	Zip Code			
E-mail address: (to be used for fe	uture annual report n	otification)		
For further information concern	ing this matter, p	lease call:		
Chelsea Chapman	at (	844	386-0178	
Name of Person		Area Code	386-0178 ) Daytime Telephone Number	
Enclosed is a check made payab liability company or \$25.00 for liability company.	le to the Florida an administrative	Department ly dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite	
MAILING ADDRESS:		STREF	ET ADDRESS:	
Registration Section		_	ation Section	
Division of Corporations Division			n of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

Pursuant to the provisions	s of section 605.0115. Florida Statutes, the	undersigned.	
Legalinc Corporate S	Services, Inc.	hereby resigns as	
	Name of Registered Agent	The state of the s	
Registered Agent for	JCT REAL ESTATE LLC		
. <u> </u>	Name of Limited Liability Company		
L170001	27448		
Document Nun	ber, if known		
	and the office discontinued on the 31st day  Signature of Resigning A	after the date on which this statement is filed.	
If signing on behalf of an	entity:	<b>~</b> 2	
Chelsea Chapman			
-	rvices, Inc. 13		
on Behalf of Legalinc Corporate Services, Inc.			
	Capacity		
	FILING FEES: \$ 85.00 Active limited liabili \$ 25.00 Administratively dis- withdrawn limited li	ity company solved/ voluntarily dissolved/ iability company	

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