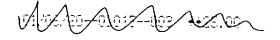
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		<u> </u>
(Re	questor's Name)	
	_	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





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01/07/20--01010--018 ++25.00



COVER LETTER

JRG Academy, LLC		
SUBJECT: Name of Limite	ed Liability C	Company
DOCUMENT NUMBER: L17000138122		
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this i	natter to the	: 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		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, p	lease call:	
Kasandra Lund Name of Person at (800	773-0888 x3951
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department dy dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations	Registr	ET ADDRESS: ation Section on of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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 provision	s of section 605.0115	. Florida Statutes, the under	signed.			
United States Corporation Agents, Inc. hereby resig		hereby resigns	s as			
	Name of Registered Agen		, -			
Registered Agent for JR	RG Academy, LLC	·				
	Name of Limi	ited Liability Company				٠
L17000138122						
Document Nur	mber, if known					
A copy of this resignatio	n was mailed to the a	bove listed limited liability	company at its	last known ac	ldress	•
The agency is terminated	d and the office disco	ntinued on the 31st day after Signature of Resigning Agent	the date on wh	hich this state		s filed.
If signing on behalf of a	n entity:			- E	00	
	Cheyenne Mose	eley			20 JAN -	"T]
		yped or Printed Name United States Corporation Ag	jents, Inc.		-7 A	
		Capacity		n agy Magy	_X □::::::::::::::::::::::::::::::::::::	Ö
				(D)	.	
	FILING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolv withdrawn limited liabil	ed/ voluntarily	dissolved/		

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