L17000211042

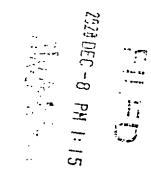
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COVER LETTER

SHRIEC	JA VILLAGE REALTY, PLI T:	_C	·
SUBJEC	Name	of Limited Liability	Company
DOCUM	ENT NUMBER: L170002110	42	
The enclo for filing.	osed Resignation of Registered A	gent for a Limited	Liability Company and fee are submitted
Please ret	urn all correspondence concerni	ng this matter to th	ne following:
United S	States Corporation Agents, Inc		
·	Name of Person		
Legalzo	om.com, Inc.		
	Name of Firm/Company		
101 Nor	th Brand Blvd. 11th Floor		
	Address	······	
Glendale	e, CA 91203		
	City/State and Zip Code		
raresign	ations@legalzoom.com		
E-mai	l address: (to be used for future annual	report notification)	
For furthe	er information concerning this m	atter, please call:	
		800	773-0888 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Corporation Agents. Inc.	
, <u>,</u> , , , , , , , , , , , , , , , , ,	ereby resigns as
Name of Registered Agent	receive resigns as
Registered Agent for JA VILLAGE REALTY, PLLC	·
Name of Limited Liability Company	·
L17000211042	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability cor	mpany at its last known address.
The agency is terminated and the office discontinued on the 31st day after the Signature of Resigning Agent	ne date on which this statement is filed.
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·
Cheyenne Moseley	The TO LA
Typed or Printed Name	
Asst. Secretary for United States Corporation Agent	s, Inc.
Capacity	

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
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withdrawn limited liability company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