# 1180000 65335

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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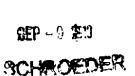
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### **COVER LETTER**

Division of Corporations	*	12
SUBJECT: JAVA J-MO, LLC Name	e of Limited Liabilit	y Company
DOCUMENT NUMBER: <u>L18000065</u>	5335	
The enclosed Resignation of Registered submitted for filing.	Agent for a Limite	ed Liability Company and fee are
Please return all correspondence concerr	ning this matter to	the following:
United States Corporation Agents, Ir	ıc.	
Name of Person		_
Legalzoom.com, Inc.		
Name of Firm/Company	y	_
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 annu-	al report notification)	_
For further information concerning this r	natter, please call:	
Kasandra Lund	at ( 1 800	) 773-0888 x3951
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir limited liability company.		

#### 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

Pursuant to the prov	risions of section 605.0115. Florida Statutes, th	e undersigned,
United States Corporation Agents, Inc.		. hereby resigns as
	Name of Registered Agent	
Registered Agent fo	r_JAVA J-MO, LLC	
	Name of Limited Liability Company	
L18000065335		
	nt Number, if known	
A copy of this resig	nation was mailed to the above listed limited li	ability company at its last known address.
The agency is termin	nated and the office discontinued on the 31st day a	ifter the date on which this statement is filed
	Signature of Resigning A	
		gem ∑'o;
If signing on behalf	of an entity:	19
Cheyenne Moseley		AUG 28
	Typed or Printed Name	n Agents. Inc.
	Asst. Secretary for United States Corporation	л Agents, Inc.
Capacity		
		5: /8 ORIDA
	FILING FEES: \$ 85.00 Active limited liabile \$ 25.00 Administratively withdrawn limited	dissolved/ voluntarily dissolved/

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