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COVER LETTER

SUBJECT: SSJEM, LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000068979 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter 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 notification) For further information concerning this matter, please call:) 773-0888 x3951 Kasandra Lund Area Code Daytime Telephone Number Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the undersign	ned,
United States Corp	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for	SSJEM, LLC	
	Name of Limited Liability Company	<u> </u>
L18000068979		
Document N	umber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability com	pany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after the dat	e on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of an entity:		ZO19 JUL 22 SECRLIGHA TALLAHA
	Cheyenne Moseley	
	Typed or Printed Name	22 HA
	Asst. Secretary for United States Corporation Agents, I	nc. SSE I FI
	Capacity	H 2:40

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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