## L18000 164155

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(0.11.5.1)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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19/22/20--01009--028 ++25.00

2020 OCT 22 PH 4: 08
SECRETARY OF STATE

12/2/20



### **COVER LETTER**

Division of Corporations		r
SUBJECT: JBA ENGINEERING LLC Name of		
Name of	Limited Liability	Company
DOCUMENT NUMBER: L18000164155	5	
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	ne 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 re	port notification)	
For further information concerning this matt	ter, please call:	
Joyce Yi	800	773-0888 x7789  Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administrability company.	orida Department atively dissolved	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

**TO**: Registration Section

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

## FILED

# STATEMENT OF RESIGNATION OF REGISTERED AGENT 8 FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSES. FL

Pursuant to the provisions of section	on 605.0115. Florida Statutes, th	e undersigned.	
Name of Registered Agent		, hereby resigns as	
Registered Agent for JBA ENG	INEERING LLC		
	Name of Limited Liability Company	·	
L18000164155			
Document Number, if kno	(M)		
A copy of this resignation was ma	iled to the above listed limited li	ability company at its last known address.	
The agency is terminated and the o	office discontinued on the 31st d	ay after the date on which this statement is filed.	
	Signature of Resigning	Agent	
If signing on behalf of an entity:			
Cheyenne Moseley			
	Typed or Printed Name		
Asst. Secretary for United States Corporation Agents, Inc.			
	Capacity		

### 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