L18000 196291

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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RA Resignation

COVER LETTER

TO: Registration Section Division of Corporations

DOCUMENT NUMBER: L18000196291 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.
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
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United States Corporation Agents, Inc. Name of Person
Name of Person
Legalzoom com Inc
Logaizoom.com, mo.
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:
Kasandra Lund at (1800) 773-0888 x3951 Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115	, Florida Statutes, the undersigned	I.		
United States Corp	hereby resigns as				
	Name of Registered Agent		· · · · · · · · · · · · · · · · · · ·		
Registered Agent for_	JQ&I PAINTING ANI	D PRESSURE WASHING LLC	 	- -	-
	Name of Limite	ed Liability Company		~	<u>-</u> ·
L18000196291					
Document S	umber, if known				
A copy of this resignat	ion was mailed to the al	pove listed limited liability compa	ny at its last known	addre	SS.
The agency is terminate	d and the office discontin	nued on the 31st day after the date of financial formation of Resigning Agent	n which this stateme	nt is fī	iled.
If signing on behalf of	an entity:				
	Cheyenne Mosele	ey		99	
		ed or Printed Name ited States Corporation Agents, Inc.	_	7 25	
		Capacity		50 :11 以	
	F1LING F \$ 85.00 \$ 25.00	EES: Active limited liability company Administratively dissolved/ volum withdrawn limited liability comp			Š

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