

L18000202839

*YGM*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

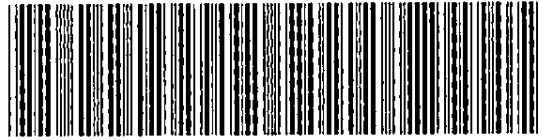
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J/CAM PROPERTY MANAGEMENT CONSULTANTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000202839

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:

Aviana H. Lopez

Name of Person

Name of Firm/Company

3240 Mary Street, S205

Address

Miami, FL., 33133

City/State and Zip Code

helenb\_2009@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aviana H. Lopez

305

339-6789

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Aviana Helene Lopez \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for J'CAM PROPERTY MANAGEMENT CONSULTANTS, LLC

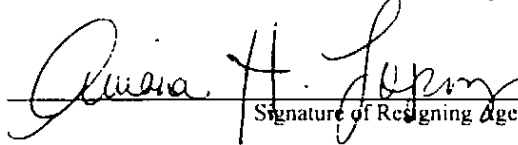
\_\_\_\_\_  
Name of Limited Liability Company

L18000202839

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

J'CAM Property Management Consultants, LLC  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

2008 DEC 14 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED