118000284903

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COVER LETTER

SUBJECT:	JWH Holdings			
Name of Limited Liability Company				
DOCUMENT NUMBI	ER: L18000284903			
The enclosed Resignation for filing.	on of Registered Agent for a L	imited Liability Company and fee are submitted		
Please return all corresp	ondence concerning this matte	er to the following:		
Herbert G. Strelitz, Esq.				
N	lame of Person			
Greenberg & Strelitz, P.A.				
Name	of Firm/Company			
2500 N. Military Trail. Suite	235			
	Address			
Boca Raton, FL 33431				

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Herbert G. Strelitz, Esq.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

City/State and Zip Code

For further information concerning this matter, please call:

Name of Person

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

Street Address:

361-9400

Area Code Davtime Telephone Number

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.0115, Florida Statutes,	the undersigned,		
Greenberg & Strelitz	, P.A.	, hereby resigns as		
	Name of Registered Agent	(,,0.00,,00.00,00.00		
Registered Agent for JWH Holdings, LLC, a Florida limited liability company				
	Name of Limited Liability Compan	y	·	
L18000284903				
Docume	nt Number, if known			
,,	nation was mailed to the above listed limited nated and the office discontinued on the 31st			
	Greenbors & Stralitz P.A. By: Htt Ge its VI. Signature of Resignin	g laself ng Agent	SECRETARY TALLAHA:	
If signing on behalf	of an entity:		2 F 7 2	
	Herbert G. Strelitz, Esq.		$\mathcal{G}_{\mathcal{G}}$	Γn
	Typed or Printed Name			المعدا
	Vice President		I: S STA FL	U
	Capacity		- FE 53	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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