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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Duringer Satita Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER . .

TO: Registration Section Division of Corporations

SUBJECT: JACKSONVILLE EMPIRE LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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 report notification)	
For further information concerning this matter, please call:	
Joyce Yi 800	773-0888 x7789
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115. Florida Statutes, the ur	ndersigned.		
United States Corporation Agents, Inc hereby re		, hereby resigns as	tions as	
		Hereby resigns us		
Registered Agent for	JACKSONVILLE EMPIRE LLC			_
	Name of Limited Liability Company			·
Document	Number, if known			
A copy of this resigna	ation was mailed to the above listed limited liabil	ity company at its last kno	wn addre:	88.
The agency is termina	ated and the office discontinued on the 31st day a	ofter the date on which this	statemen	t is filed
	an			
	Signature of Resigning Ager	nt	2020 .::	
If signing on behalf of	f an entity:	<u></u>	2020 SEP	در مدولاسته و
	Cheyenne Moseley	AHA AHA	728 7367	A Ritari
	Typed or Printed Name		·-<,	m
	Asst. Secretary for United States Corporation	Agents, Inc.		
	Capacity		AM II OO Of state	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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