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MR Rosen

COVER LETTER

TO: Registration Section Division of Corpora	tions		
SUBJECT: Soph & Jacob	Supply LLC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER:	rame or ismine	d Liability	Company
•			
the enclosed Resignation of filing.	f Registered Agent for	a Limited	Liability Company and fee are submitted
Please return all correspond	ence concerning this m	natter to th	e following:
United States Corporatio	n Agents, Inc.		
Name	of Person		
Legalzoom.com, Inc.			
Name of I	Firm/Company		
101 North Brand Blvd. 11	th Floor		
A	ddress		
Glendale, CA 91203			
City/State	and Zip Code		
raresignations@legalzoo	m.com		
E-mail address: (to be used	for future annual report not	ification)	
For further information cond	erning this matter, ple	ase call:	
Janna Pantoja	at (8	00	773-0888 x3950 Daytime Telephone Number
Name of Pers	on at (rea Code	Daytime Telephone Number

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

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STREET ADDRESS:

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unde	rsigned,	
United States Corp			, hereby resigns as	
 -	Name of Registered Age	ent	. nercoy resigns as	
Registered Agent for S	oph & Jacob Sup	ply LLC		
	Name of Lin	nited Liability Company		<u> </u>
L19000084681				
Document No	ımber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last known a	address.
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this stat	
If signing on behalf of a	n entity:			020
Cheyenne Moseley			2020 JUN 17	
		yped or Printed Name		17
Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	PH	
		Capacity		1 5: 50
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dissolved/ =	

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