119000 136418

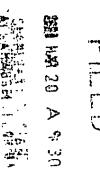
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) State/Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomboo Emily Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/20/20--01024--023 **25.00



MAY OF COURT

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:			
Name of Limite DOCUMENT NUMBER: L19000136418	ed Liability	Company	
DOCUMENT NUMBER: 2.0000100 110			
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this r	matter to th	e 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 no	otification)		
For further information concerning this matter, pl	ease call:		
Janna Pantoja at (800	773-0888 x3950	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
r.O. DOX 0327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115. Florida Statutes, the unde	rsigned.	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	, -	
Registered Agent for T	JK Rentals LLC		
	Name of Limited Liability Company	<u> </u>	
L19000136418			
Document No	imber, if known		
A copy of this resignation	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	ed and the office discontinued on the 31st day after Signature of Resigning Agent	er the date on which this statement is filed.	
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name Asst. Secretary for United States Corporation A	gents, Inc.	
	Capacity		
	FILING FEES: \$ 85.00 Active limited liability of the state of the stat	company wed/ voluntarily dissoved/	

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