4/20/23, 11:09 AM

Division of Corporations

Florida Department of Stat Division of Compositions

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(((H23000147630 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION THE JARDINE STORE LLC

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TO: Registration Section

(H230001476303)

COVER LETTER

Division of Corporations		
SUBJECT: THE JARDINE STORE LLC		
Name of L	imited Liability	Company
OCUMENT NUMBER: L19000212314		
The enclosed Resignation of Registered Ager for fifing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to the	ne following:
Westley Look		
Name of Person	_	
Incorporating Services, Ltd.		
Name of Firm/Company		•
3500 S DuPont Highway		
Address	· · · · · · · · · · · · · · · · · · ·	•
Dover, DE 19901		
City/State and Zip Code		
wlook@incserv.com		
E-mail address: (to be used for future annual rep-	ort notification)	-
For further information concerning this matte	er, please call:	
Westley Look	302	531-0703 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Incorporating Services, Ltd.

(H230001476303)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

incorporating Services, Ltd.	, hereby resig	ns as
Name of Registered Ages	l	
Registered Agent for THE JARDINE STO	PRE LLC	
Name of Lim	ted Liability Company	,
L19000212314		
Document Number, if known		
A copy of this resignation was mailed to the a	bove listed limited liability company at it	s last known address.
The agency is terminated and the office disco	October 1 State day after the date on very signature of Resigning Agent	. **
If signing on behalf of an entity:	organica of items, rigers	
Ama	Amanda Archambault	
Typed or Printed Name		\frac{5}{2}
Assistant Secretary		2023 MAY
	Capacity	16 ±35
		₽ 5` ≪
FILING	FEES:	Ä
\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/voluntaril 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