119000238102

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	_
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COVER LETTER

TO: Registration Section Division of Corporations		
Ovvision of Corporations		
SUBJECT: Jazmin's Pool Service LLC		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L19000238102		· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	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 of	otification)	
For further information concerning this matter, p	lease call:	
at (800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

			- 5 <u>1</u>	2021	
Pursuant to the provision	signed.		2021 JAN :		
United States Corpo	homabu maiona aa	is in	7	,	
	Name of Registered Agent	, hereby resigns as	± 199 1 the magnitude	PH 5: 1	
Registered Agent for Ja	azmin's Pool Service LLC				
_			77	F	
	Name of Limited Liability Company			<u> </u>	
L19000238102					
Document Nu	mber, if known				
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after				iled.
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Resigning Agent				
If signing on behalf of ar	rentity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

Make checks payable to Florida Department of State and mail to: Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314