L19000271265

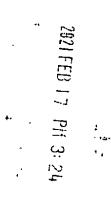
(R	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



700360280937

02/17/21--01019--022 ++25.00



O SIMMONS APR 21 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FUBC LLC Name of Limited Liabili	
Name of Limited Liabili	ity Company
DOCUMENT NUMBER: L19000271265	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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	:
800	773-0888 le Daytime Telephone Number
Name of Person Area Coc	de Daytime Telephone Number

MAILING ADDRESS:

liability company.

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 provision	is of section 605.0115. Florida Statutes, the unders	igned.			
United States Corporation Agents, Inc.		, hereby resigns as	: :	262	
	Name of Registered Agent			2621 FEB	
Registered Agent for Ft	JBC LLC		·		
			·· .	-0	
Name of Limited Liability Company			-	<u>ښ</u>	* i= fa
L19000271265			73-	24	
Document Nu	mber, if known				
-	d and the office discontinued on the 31st day after t				filed.
If signing on behalf of a	n entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation Age	nts, Inc.			
	Capacity				

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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