

L19000274109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

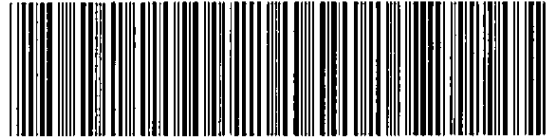
(Business Entity Name)

(Document Number)

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JANUARY 30 2024

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Ra Resignation

FEB 13 2024

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C/J Mobile Home Service  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000274109

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Rayborn  
Name of Person

C/J Mobile Home Service  
Name of Firm/Company

10139 South Buckskin Ave  
Address

Floral City, FL 34436  
City/State and Zip Code

CJlawn@care@s25@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Rayborn at (352) 601-8774  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 JAN 30 PM 1:57  
TALLAHASSEE  
STATE OF FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

\* Jennifer Raybom, hereby resigns as  
Name of Registered Agent

Registered Agent for C/T Mobile Home Service  
Name of Limited Liability Company

L19000274109  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\* [Signature]  
Signature of Resigning Agent

If signing on behalf of an entity:

\* Jennifer Raybom  
Typed or Printed Name  
  
\_\_\_\_\_  
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

FILED  
2024 JAN 30 PM 1:37  
CORPORATION STATE  
TALLAHASSEE