# 19000393148

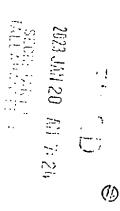
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE MAR 2 3 2023		
MAR 23 2023		

Office Use Only



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# COVER LETTER

TO: Registration Section	
Division of Corporations	<del>ب</del>
SUBJECT: JDM STREET HERO	
	Liability Company
DOCUMENT NUMBER: L19000292748	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
United States Corporation Agents, Inc.	
Name of Person	<del> </del>
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	<del></del>
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	ase call:
	00 773-0888
Name of Person A	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	dersigned.	5700 00
United States Corporation Agents, Inc.	, hereby resigns as	1023 117.A
Name of Registered Agent	, hereby resigns as	
Registered Agent for JDM STREET HEROES LLC		2029 JAH 201 SECRETARIAN
Name of Limited Liability Company		C ( )
L19000292748		4-
Document Number, if known		Ø
A copy of this resignation was mailed to the above listed limited liabilit The agency is terminated and the office discontinued on the 31st day af		
Signature of Resigning Agent		
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name		
Asst. Secretary for United States Corporation A	Agents, 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