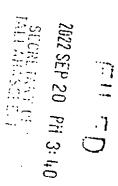
L20 000 000766

(Requestor's t	lame)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ty Name)
(Document No	mber)
Certified Copies Cert	ficates of Status
Special Instructions to Filing Office	Pr.
Special medications to 1 mily office	J. HORNE DEC 27 2002
051	las Oalv
Office U	se Only



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COVER LETTER

TO: Registration Section Division of Corporations

$_{\text{SUBJECT:}}$ JTD $;$	Services LLC				
	Name of Limite	d Liability	Company		
DOCUMENT NUM	BER: L20000000766				
The enclosed Resigna for filing.	tion of Registered Agent for	a Limited	Liability Company and fee are submitted		
Please return all corre	spondence concerning this m	atter to the	e following:		
United States Corp	pration Agents, Inc.				
	Name of Person				
Legalzoom.com, In	c .				
Na	ne of Firm/Company				
9900 Spectrum Dr.					
	Address				
Austin, TX 78717					
Cit	y/State and Zip Code				
raresignations@leg	alzoom.com				
E-mail address: (to b	e used for future annual report not	ification)			
For further information	n concerning this matter, ple	ase call:			
	at (8	,00	773-0888 Daytime Telephone Number		
Name	of Person	rea Code	Daytime Telephone Number		
Enclosed is a check material transfer of Stability company.	ade payable to the Florida D 25.00 for an administratively	epartment dissolved	of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn limited		
MAILING ADDRES	 SS:	STREE	T ADDRESS:		
Registration Section		_	ition Section		
Division of Corporati	ons		n of Corporations		
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the unde	rsigned,			
United States Corpo	pration Agents, In	c.	, hereby resigns as	2022 SEF		
	Name of Registered Agen	ıt	, neteby resigns as	SE SE		
Registered Agent for JT	D Services LLC			26		
registered Agent for		-				
	Name of Limi	ited Liability Company				
L20000000766				0.1		
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the a	bove listed limited liability	company at its last kno	own address.		
The agency is terminated	and the office discor	ntinued on the 31st day afte	r the date on which thi	s statement is filed.		
		Signature of Resigning Agent				
If signing on behalf of ar	entity:					
	Cheyenne Mose	ley				
	Ту	ped or Printed Name				
	Asst. Secretary for United States Corporation Agents, Inc.					
j		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolv ity company	ed/		
	Make checks payab	le to Florida Department of S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:			

INHS17 (2/14)