# K20000027957

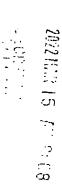
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
	ļ
	ļ

Office Use Only



000383251710

03/15/22--01021--007 \*\*25.00



O SIMMONS MAR 25 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JBSBCB Properties LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L20000027957	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
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:	
at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of secti	ion 605.0115, Florida Statutes, the	undersigned,	
United States Corporation	Agents, Inc.	, hereby resigns as	15 martin 15
	legistered Agent	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5
Registered Agent for JBSBCB	Properties LLC		
			~
	Name of Limited Liability Company		<u>;</u> 2)
L20000027957			
Document Number, if known	OW11		
A copy of this resignation was ma	ailed to the above listed limited liab	ibility company at its last kno	own address.
The agency is terminated and the	office discontinued on the 31st day	y after the date on which this	s statement is filed.
	Signature of Resigning A	Agent	
If signing on behalf of an entity:			
Cheye	nne Moseley		
<del></del>	Typed or Printed Name	<u> </u>	
Asst. Se	ecretary for United States Corporation	ion Agents, Inc.	
<del></del>	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