120000085795

(Re	equestor's Name)	
(Ad	ddress)	<u></u>
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Be	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





400389434664

06/14/22--01013--013 **25.00

SECKE WHIV OF STATE
TALLAHASSEE, FL

2022 JUN 14 AM 10: 56

COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT:	Company
DOCUMENT NUMBER: L20000085795	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e 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 (800	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	, nercoy roongno as	
Registered Agent for _	Jennifer Wear LLC		
	Name of Limited Liability Company		,
L20000085795			
Document ?	Number, if known		
A copy of this resignat	tion was mailed to the above listed limited liability of	company at its last known addre	:SS.
The agency is terminate	ted and the office discontinued on the 31st day after		_
If signing on behalf of	an entity:	TAC:	
	Cheyenne Moseley		
	Typed or Printed Name	AS I	
	Asst. Secretary for United States Corporation Age	(4) and	≥ 171
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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