20000 109495

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





500433617375

2024 JUL 24 AM 8: 09

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Chajjmar 888, LLC	
	ed Liability Company
DOCUMENT NUMBER: L20000109495	
The enclosed Resignation of Registered Agent for for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	matter to the 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 not	nification)
For further information concerning this matter, ple	ease call:
at (Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations 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	ns of section 605.0115	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as				
Name of Registered Agent						
Registered Agent for C	hajjmar 888, LLC					-
	Name of Limi	ited Liability Company				_ '
L20000109495						
Document Nu	imber, if known	<u> </u>				
A copy of this resignation	on was mailed to the a	bove listed limited liability of	company at its last	known	address	
If signing on behalf of a		Treudlein Signature of Resigning Agent	the date on which	this stat	ement i	is filed.
	Erik Treutlein					
	Ty	sped or Printed Name				
	Vice President on behal	If of United States Corporation Ag	jents, Inc.	Ĭ,	20	
		Capacity		F:	24	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily diss y company	ALLAHASSEE, FRORIDA	2024 JUL 24 AM 8: 09	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314