120000137035

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COVER LETTER

J. Bird Investments LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L20000137035	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115.	Florida Statutes, the unders	signed,			
United States Corporation Agents, Inc.		hereby resigns as				
	Name of Registered Agent		mereoy resigns as			
Registered Agent for <u>J.</u>	Bird Investments I	LLC				-
	Name of Limit	ed Liability Company				_,
L20000137035						
Document Nu	umber, if known					
	d and the office discon	tinued on the 31st day after Signature of Resigning Agent				
If signing on behalf of a	n entity:			٠٠.	2(
	Cheyenne Mosele	еу		25]]][
	• • • • • • • • • • • • • • • • • • • •	ned or Printed Name hited States Corporation Age	ents, Inc.		2021 DES 27	1 1 1
	FILING F	Capacity SEES:			MH 10: 09	
	\$ 85.00 \$ 25.00	Active limited liability con Administratively dissolved withdrawn limited liabilit	npany d/ voluntarily diss y company	solved/		

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