

L20000153447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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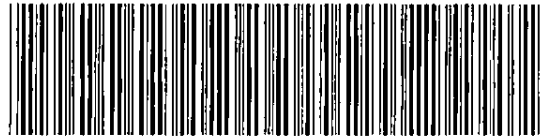
(Business Entity Name)

(Document Number)

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FILED
2023 JUL 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jaded Customz LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000753447

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip Norman
Name of Person

Ipostal
Name of Firm/Company

1209 Jadedwood Ave
Address

Clearwater FL 33759
City/State and Zip Code

phillipnorman2779@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Norman at (727) 797-5117
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
2023 JUL 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FL.

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Byron D Woods, hereby resigns as
Name of Registered Agent

Registered Agent for Jaded Customz LLC
Name of Limited Liability Company

L20000153447
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

Byron D Woods
Typed or Printed Name
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