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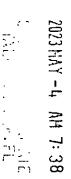
	(Requestor's Name)	
	(Address)	
·	(6.4.2	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P MAIT	MAIL
	(Declaration Fabrus)	·
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
		
Special Instructions	to Filing Officer:	
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Office Use Only



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of Molder

zenbusiness

Apr 17, 2023

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: J&J COOKIES L.L.C.

To Whom It May Concern:

Attached please find the executed <u>Resignation of Registered</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Ryan Potter 336 E. College Ave, Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at ra@zenbusiness.com.

Thank you, Ryan Potter ZenBusiness Customer Success

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	J&J COOKIES L.L.C. Name of Limited Liability Company
	, , ,
DOC	JMENT NUMBER: 1.20000178899
The e	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitteng.
Please	return all correspondence concerning this matter to the following:
Ryan I	otter
	Name of Person
ZenBu	siness Inc.
	Name of Firm/Company
336 E.	College Ave. Suite 301
	Address
Tallah	ssee, FL 32301
***	City/State and Zip Code
ra@ze	abusiness.com
	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Ryan I	at ()
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REGISTERED AGENTS INC.		, hereby resigns a	ehy resions as		
Name of Registered Agent , hereby i					
Registered Agent for		<u>-</u>			_
J&J COOKIES L.L.C.	-				_
	Name of Limited Liability Company				
£20000178899					
Document l	Number, if known				
	tion was mailed to the above listed limited li				
The agency is termina	ted and the office discontinued on the 31st d	lay after the date on whic	h this state	em ent i	s filed
	Signature of Resigning	Agent			
If signing on behalf of				2023 HAY	
	Registered Agents Inc. by David Roberts		:	1 <u>4</u>	
	Typed or Printed Name				
	Assistant Secretary			>	
	Capacity			A.	المسيد.
				7: 38	•-
	FILING FEES: \$ 85.00 Active limited liab	oility company dissolved/voluntarily dis d liability company			

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

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