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

Office Use Only



900430636939

LLC resignation of

AUG 15 2024 A PAMSEY

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/14/2024

NAME:

JEL SURFSIDE LLC

TYPE OF FILING: RESIGNATION

COST:

85.00

RETURN: PLAIN COPIES

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE CHOOSE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,	
Florida Filing & Search	Services, Inc	, hereby resigns as	
Name of Registered Agent			75, 2
Registered Agent for _	JEL SURFSIDE LLC		
	Name of Limited Liability Compan	у	······································
L20000251879			
Document l	Number, if known		
-	tion was mailed to the above listed limited ted and the office discontinued on the 31st		
	Signature of Resigni	ng Agent	
If signing on behalf of	an entity:		
	Abbie Hodge		
	Typed or Printed Name		
	Senior Vice President		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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