

L20 000381424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

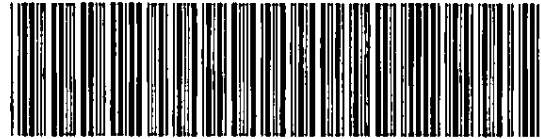
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000389592680

06/21/22--0101E--025 ++85.00

RECEIVED
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 10:02

FILED

SEP - 9 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAGLAL ACCOUNTING SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20060381424

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:

DEVIN JAGLAL
Name of Person

[REDACTED]
Name of Firm/Company

2422 DOVESONG TRAIL DRIVE
Address

RUSKIN, FL 33573
City/State and Zip Code

devin.jaglalcpa@jagaccountingsvcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVIN JAGLAL at (813) 373-9253
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

DENZEL JAGLAL

Name of Registered Agent

, hereby resigns as

Registered Agent for JAGLAL ACCOUNTING SERVICES, LLC

Name of Limited Liability Company

L20000381424

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 of Resigning Agent

If signing on behalf of an entity:

DENZEL JAGLAL

Typed or Printed Name

MANAGING MEMBER

Capacity

FILED
2022 JUN 21 AM 10:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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