L21000062311

(Ře	equestor's Name)	<u>.</u>			
(Ac	ldress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	= #)			
PICK-UP	MAIT	MAIL			
(Bı	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				





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COVER LETTER

SUBJECT: Dr. Jane Ruby LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L21000062311	
The enclosed Resignation of Registered Agent for a Limited Liability Cofor filing.	mpany and fee are submitted
Please return all correspondence concerning this matter to the 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 Tel	ephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	Florida Statutes, the under	ersigned,			
United States Corporation Agents, Inc. , hereby			hereby resigns as			
			, neredy resigns as	y resigns as		
Registered Agent for	r. Jane Ruby LL	<u> </u>				
	Name of Li	mited Liability Company				_•
L21000062311						
	1 331	<u> </u>				
Document Ni	amber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its last	known a	ıddress.	
The agency is terminate	d and the office disc	ontinued on the 31st day afte	r the date on which	this state	ement i	s filed.
		Tik Treutlein Signature of Resigning Agent	<u> </u>			
If signing on behalf of a	n entity:					
	Erik Treutlein			TALI	2024 JUN 14	
	,	Typed or Printed Name		LAHAS	ڪ	7
	Vice President for U	United States Corporation Ago	ents, Inc.	AS	z	
		Capacity		SEI		1
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily diss ty company	DI STATE E. FLORIDA do	AM 8: 24	

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