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COVER LETTER

TO: Registration Section Division of Corporations	. ,
SUBJECT: JME Consulting Group LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L21000064662	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Robert J. Neary, Esq.	
Name of Person	
Kozyak Tropin & Throckmorton	
Name of Firm/Company	
2525 Ponce de Leon Blvd., 9th Floor	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
rn@kttlaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert J. Neary 305	372-1800
Name of Person at (at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro-	visions of section 605.0115. Florida Statutes, th	ne undersigned.	
MJ Taxes and More	, hereby resigns as		
	Name of Registered Agent	thereby resigns as	
Registered Agent fo	or JME Consulting Group LLC		
	Name of Limited Liability Company		 •
L21000064662			
Docume	nt Number, if known		
	nation was mailed to the above listed limited li		
The agency is termi	nated and the office discontinued on the 31st d		
Signature of Resigning Agent If signing on behalf of an entity:		Ageill	2021 SEP SECRE (
	Corali Lopez-Castro, Esq.		N
	Typed or Printed Name Court-appointed Receiver for MJ Taxes and	More	
	Capacity		58 58 58

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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