121000243945

(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:

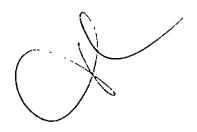
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COVER LETTER

SUBJECT: Name of Limited Liability	y Company	_	
DOCUMENT NUMBER: L21000243945		_	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee a	re submitte	ed
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	_	21	
9900 Spectrum Dr.		2022 ALIG	· - :!
Address	-	ā i	- 1523 - 1523 - 1523
Austin, TX 78717	÷ ;		: []
City/State and Zip Code	_	AH 8: 33	
raresignations@legalzoom.com	-	 ယ ယ	
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 Cod	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 prov	sions of section 605.0115. Florida Statutes, the unde	ersigned.	
United States Co	orporation Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent	. Thereby resigns as	
Registered Agent for	AACJ-USA LLC		
	Name of Limited Liability Company		
L21000243945			
Documen	Number, if known		
A copy of this resign	ation was mailed to the above listed limited liability	company at its last known address.	
The agency is termin	ated and the office discontinued on the 31st day after		
If signing on behalf c		27	
in angining on bentim (AU	7
ir signing on benun e		2022 AUG -	

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