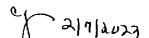
(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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COVER LETTER

ТО:	Registration Section Division of Corporations	\$
SUBJ	ECT: 1 AND FSCRAPLLC Name of Limited Liability	Company
DOC	UMENT NUMBER: <u>L21000351433</u>	
The er for fil	nclosed Resignation of Registered Agent for a Limited ing.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Chelse	a Chapman	
	Name of Person	-
Legalii	ne Corporate Services, INC.	
	Name of Firm/Company	-
10601	Clarence Dr Ste 250	
	Address	-
Frisco.	TX 75033-3867	
	City/State and Zip Code	-
ra@leg	aline.com	
E-	mail address: (to be used for future annual report notification)	-
For fu	rther information concerning this matter, please call:	
Chelsea	a Chapman 844 at (386-0178
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, F1, 32303

1 ... 1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.01	15, Florida Statutes, the u	indersigned.			
Legaline Corporate Services, INC.		, hereby resign	rehy resigns as			
	(
Registered Agent for <u>J</u>	AND J SCRAP L	I.Ç				
	Name of L	imited Liability Company				
L21000351433						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the	above listed limited liabi	lity company at its	last know	n addr	ress.
The agency is terminated	I and the office disc	continued on the 31st day	after the date on wh	nich this st	.ateme	ent is filed.
		Jack Mot	4			
		ignature of Resigning Ag	jent .	(A)	2(
If signing on behalf of ar	nentity:	V		$\mathbb{Z}_{\mathbb{Z}}$	1221	
Zachary Mathewson Typed or Printed Name On Behalf of Legaline Corporate Services, INC.		Zachary Mathewson			2022 NOV 1 4	. 27.11
			5.	<u></u>	£	
		-1 -2.	ESSE.		177	
		Capacity		in C	<u> </u>	
				IATE	6: 00	4,5
	FILIN	G FEES:				
	© \$ 85.00 © \$ 25.00	Active limited liabili	solved/voluntarily	dissolved	/	

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