L21000429651

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE AUG 13 2024				

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COVER LETTER

ranc	e of Limited Liab	bility Company
DOCUMENT NUMBER: 1.21000429651		
The enclosed Resignation of Registered after filing.	Agent for a Lin	mited Liability Company and fee are subn
Please return all correspondence concern	ing this matter	r to the following:
Cory Betts		
Name of Person		
ZenBusiness Inc.		
Name of Firm/Company	/	
336 E. College Ave. Suite 301		
Address		
Tallahassee, FL 32301		
City/State and Zip Code	:	
ra@zenbusiness.com		
E-mail address: (to be used for future annua	al report notification	ion)
For further information concerning this r	natter, please c	eall:
Cory Betts	844	493-6249 Code Daytime Telephone Number
Name of Person	Area C	Code Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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 provisi	ons of section 605.0115, Florida Statutes, the undersig	ned.	May No King
ZenBusiness Inc.	_	ereby resigns as	The Co
	Name of Registered Agent	redy resigns as	S. 4 W.
Registered Agent for	RuffJack LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 3 =			32.6
	Name of Limited Liability Company		
L21000429651			
Document N	sumber, if known		
-	ion was mailed to the above listed limited liability coned and the office discontinued on the 31st day after the	•	
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	ZenBusiness Inc. by Khadijeh Hemmati		
	Typed or Printed Name		
	Secretary		
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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