11000526048

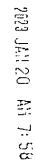
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
<u></u>	WAIT	MAIL
☐ PICK-UP	L. WALL	WIAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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A. RIVERS MAR 2 3 2023

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: S3J LLC Name of Limited Liability Company
OCUMENT NUMBER: L21000526048
ne enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitter filing.
ease return all correspondence concerning this matter to the following:
nited States Corporation Agents, Inc.
Name of Person
egalzoom.com, Inc.
Name of Firm/Company
900 Spectrum Dr.
Address
ustin, TX 78717
City/State and Zip Code
aresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (800) 773-0888 Area Code Daytime Telephone Number
nclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited ability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limibility company.

MAILING ADDRESS:

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	ns of section 605.011	5, Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc.		, hereby resigns as	resions as		
Name of Registered Agent			. mereoy realging as		
Registered Agent for S	3J LLC				_
				·	,
	Name of Lin	nited Liability Company			
L21000526048					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its last	known addres	ss.
The agency is terminate	d and the office disco	intinued on the 31st day after	r the date on which	this statement	t is filed.
		CU			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley			
	T	yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.	20	
		Capacity		23 J	
	FILING	FFFS.		2023 JAN 20 131 CALIASSI	
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabili	Ompany ed/ voluntarily diss ity company	iolved/.	

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