# L220000 46720

(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:				

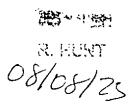
Office Use Only



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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: J And Z General Cleaning	Services LLC	
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000046720		
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 th	e following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		507 507
9900 Spectrum Dr.		100 100 100 100
Address	::	1 ,
Austin, TX 78717		-o : · ·
City/State and Zip Code	ີເມ <i>າ</i> ນ ໃນ (ພາຍ) ກາລາ	PH 9: 18
raresignations@legalzoom.com	FL	8
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 at (at 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115.	, Florida Statutes, the under	signed,		
United States Corpora	ation Agents, Inc	<b>5</b> .	hereby resigns as		
Name of Registered Agent					
Registered Agent for J An	d Z General Cle	eaning Services LLC	<u></u>		
	Name of Limit	ted Liability Company			
L22000046720					
Document Numb	er, if known	<del></del>			
A copy of this resignation v	was mailed to the ab	pove listed limited liability	company at its last know	n address.	
The agency is terminated a	nd the office discor	ntinued on the 31st day after	the date on which this s	latement is fi	iled.
_		Signature of Resigning Agent			
If signing on behalf of an e	entity:				
C	Cheyenne Mosel	ley			
_	Ту	ped or Printed Name	<del></del>		
A	sst. Secretary for U	nited States Corporation Ag	ents, Inc.	· <del></del>	
_		Capacity		1.07	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany	-8 Pd 9: 18	4

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