L22000104571

(Requestor's Name)				
(Address)				
, ,				
(4.11)				
(Address)				
(City/State/Zip/Phone #)				
_				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
J. HORNE				
NOV - 8 2023				
1104 - 8 2023				

Office Use Only



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TO: Registration Section Division of Corporations

SUBJECT: JAM 82 Customs LLC Name of Limited Liability Company 1.22000104571	
1 22000104571	
DOCUMENT NUMBER: L22000104571	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submfor filing.	itted
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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (800 \ 773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 section 605.0115, Florida Statutes, the und	ersigned,		
United States Corporation Agents, Inc.	_ , hereby resigns as		rs
Name of Registered Agent	_ thereby resigns as	·	ယ တ
Registered Agent for JAM 82 Customs LLC		•	<u>~</u>
		-	7
Name of Limited Liability Company			
		••:•	
L22000104571			9
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day aft			
Signature of Resigning Agent			
If signing on behalf of an entity:			
Cheyenne Moseley			
Typed or Printed Name			
Asst. Secretary for United States Corporation A	gents, Inc.		
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