# 122000 204 637

(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:





800398126098

12/13/22--01009--010 \*\*25.00

FILED
2022 DEC 13 AM II: 25
SECRETARY DE SINTE

A. RIVERS MAR 2 - 2023

### **COVER LETTER**

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Love The Jane, LL	.C	
	mited Liability	Company
DOCUMENT NUMBER: L22000204637		
The enclosed Resignation of Registered Agent for filing.	t for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to th	ne 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 repor	1 notification)	
For further information concerning this matter,	. please call:	
	800 t (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.011:	5. Florida Statutes, the unders	signed,		
United States Corporation Agents, Inc.		C.	, hereby resigns as		
Name of Registered Agent			, hereby resigns as		
Registered Agent for L	ove The Jane, LL0	C			
	Name of Lim	ited Liability Company		·	
L22000204637					
Document No	ımber, il known				
A copy of this resignation	on was mailed to the a	bove listed limited liability co	ompany at its last k	nown address.	
The agency is terminate	d and the office discor	ntinued on the 31st day after (	the date on which th	his statement is fil	led.
	(	Signature of Resigning Agent	<del></del>		
If signing on behalf of a	n entity:				
	Cheyenne Mose	ley		7 2	
	Ту	ped or Printed Name		SE(	
	Asst. Secretary for U	nited States Corporation Ager	nts, Inc.		11
		Capacity		2022 DEC 13 SECRETARY TALLAHASSE	m
	FILING   \$85.00	FEES:  Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissol	AM II: 25 OF STATE FLORIDA ved	

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