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Division of Corporations

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Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.
Account Number : 120050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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FLORIDA
DIVISION OF
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TALLAHASSEE

LLC REGISTERED AGENT RESIGNATION
BEN JAMES JACOBS LLC

Certificate of Status	0
Certified Copy	0
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorporating Services, Ltd.

hereby resigns as

Name of Registered Agent

Registered Agent for BEN JAMES JACOBS LLC

Name of Limited Liability Company

L22000248556

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Amanda Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 6527
Tallahassee, FL 32314