# 

(Re	questor's Name)				
(Adı	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





19/28/24--01039--030 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Jstar Management Service	es LLC
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L22000350587	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
31 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida	Statutes, the undersigned	d,		
United States Corporation Agents, Inc.		المعددا	. hereby resigns as		
Name of Registered Agent		oy reargina as			
Registered Agent for _	star Management Service	s LLC	<del></del>		
	Name of Limited Liabili	y Company			,
L22000350587					
Document N	umber, if known				
	on was mailed to the above listered and the office discontinued of the Tree	n the 31st day after the d	-		
	Signature	of Resigning Agent		<u> </u>	
If signing on behalf of an entity:				-	
Erik Treutlein					
	Typed or Prir	ited Name			-
Vice President on behalf of United States Corporation Agents, Inc.		Inc.		•	
	Capacity				
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini withdr	limited liability compan stratively dissolved/ vol awn limited liability con	y Juntarily dissol npany	ved/	

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