L22000422648

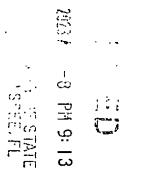
(Re	equestor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone #	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	<i>j</i>)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer				

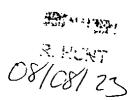




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08/08/23--01015--015 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Jordan Raven L.L.C.				
Name of Limited Liability	Company			
DOCUMENT NUMBER: L22000422648			_	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and	d fee :	ire su	bmitted
Please return all correspondence concerning this matter to the	ne following:			
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company	•		5.3	
9900 Spectrum Dr.			نہ	
Address	· :	· ·		
Austin, TX 78717			င်၁	- 15
City/State and Zip Code	- 	20 () ከግና ግረሪ	PH	
raresignations@legalzoom.com	- -		PH 9: 13	`e, >
E-mail address: (to be used for future annual report notification)	-	173	ω	
For further information concerning this matter, please call:				
800 at (773-0888			
Name of Person Area Code	Daytime Telephone N	umber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.0115	, Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc.		hereby resigns as			
	Name of Registered Agen	<u> </u>			
Registered Agent for Jo	ordan Raven L.L.C	· · · · · · · · · · · · · · · · · · ·			
	Name of Limi	ted Liability Company			
L22000422648					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last kno	own address.	
The agency is terminated	d and the office discor	ntinued on the 31st day afte	r the date on which this	s statement is fi	led.
		Signature of Resigning Agent			
18 similar on byhalf of a	no sentitos	Signature (it resigning / gent			
If signing on behalf of a	•	1			
	Cheyenne Moseley			(1) (1)	
		oped or Printed Name Inited States Corporation Ag	jents, Inc.	اليموا «مو	
		Capacity		<u> </u>	
	FILING \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability co Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dissolv ity company	PH 9: 13	i i

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