122000457607

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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2024 FEB 13 PH 2: 42

E. HINT E. (/13/21/

COVER LETTER

SUBJECT: JJNA LLC			
Name of Limited Liability	y Company		
DOCUMENT NUMBER: L22000457607			
The enclosed Resignation of Registered Agent for a Limiter for filing.	d Liability Company and fee are	e subn	nitted
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	-	ີນ 	
9900 Spectrum Dr.	000 000 000	ယ -P	
Address	-	<u>=</u>	-
Austin, TX 78717	FL	2: 42	
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 (<u>800</u>	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ons of section 605.0115, Florida Statu	utes, the undersigned,	
United States Corporation Agents, Inc. , hereby re			anc ac
			thereby resigns as
Registered Agent for	JNA LLC		
	Name of Limited Liability Con	npany	-
L22000457607			
Document No	ımber, if known		
A copy of this resignation	on was mailed to the above listed lim	nited liability company at it	s last known address
	d and the office discontinued on the		
. The agency is terminate	d and the office discontinued on the	31st day after the date on v	vnich this statement is filed
	Signature of Res	signing Agent	
f signing on behalf of a	n entity:		ا ا
	Cheyenne Moseley		
	Typed or Printed Na	ıme	13 13 13
	Asst. Secretary for United States Co	orporation Agents, Inc.	
	Capacity		SEP P
			PH 2: 42 OF STATE SEE. FL
			TE 42
	FILING FEES:		
	\$ 85.00 Active limite \$ 25.00 Administrati	ed liability company vely dissolved/ voluntarily	, dissolved/
	withdrawn [imited liability company	(018801VCO/

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