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(Fi	Requestor's Nami	e)		
<u> </u>	Address)			
(A	Address)			
(C	Dity/State/Zip/Pho	one #)		
PICK-UP	WAIT	MAIL		
(E	Business Entity N	ame)		
(Document Number)				
Certified Copies	Certificat	tes of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JT DELIVERY LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000073278	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
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	
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:	
at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section of	605.0115, Florida Statutes, the ur	ndersigned,	_
United States Corporation Agents, Inc. , hereby		homeles	70747
		, hereby resigns as	
Registered Agent for JT DELIVER	Y LLC		- 3
Nan	ne of Limited Liability Company		
L23000073278			9
Document Number, if known			
A copy of this resignation was mailed	to the above listed limited liabili	ity company at its last kno-	wn address.
The agency is terminated and the office	ce discontinued on the 31st day a	fter the date on which this	statement is filed.
	Signature of Resigning Ager	11	
If signing on behalf of an entity:			
Cheyenne	Moseley		
-	Typed or Printed Name		
Asst. Secreta	ary for United States Corporation	Agents, Inc.	
	Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 6327 Tallahassee, FL 32314