

L23000103246

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JANUARY 1, 2025

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J2 BUSINESS ACADEMY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000103246

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Alan Orth  
Name of Person

Law Offices of Scott Alan Orth, P.A.  
Name of Firm/Company

3860 Sheridan Street, Suite A  
Address

Hollywood, FL 33021  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Alan Orth at (305) 757-3300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Paula V. Nunez Galetto

, hereby resigns as

Name of Registered Agent

Registered Agent for J2 BUSINESS ACADEMY LLC

Name of Limited Liability Company

L23000103246

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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