

L23 000 156 996

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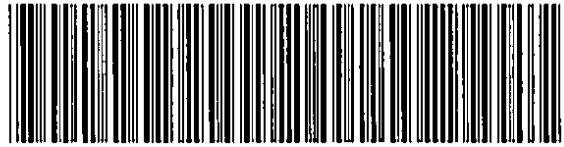
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TALLAHASSEE, FL 32399-0001

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JCA Renovations, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000156996

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:

Alexi Cortez

Name of Person

JCA Renovations LLC

Name of Firm/Company

337 Pinewild Ct.

Address

Orlando FL 32828

City/State and Zip Code

JCARenovationsllc@gmail.com

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

For further information concerning this matter, please call:

Alexi Cortez

407

624-7234

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FL

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

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

Raymond Ysabel

, hereby resigns as

Name of Registered Agent

Registered Agent for JCA Renovations LLC

Name of Limited Liability Company

L23000156996

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

### **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