62500 365671

| (Requestor's Name) |
|---|
| (voquosare verne) |
| (Address) |
| , |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| · · · · · · · · · · · · · · · · · · · |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



900430643119

05/31/24--01010--004 **25.00

PRINT (3) PHIZ: 42

6 Hong 6 7/ 1/2/

COVER LETTER

SUBJECT: JBW Florida Investments LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000365674

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

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

For further information concerning this matter, please call:

raresignations@legalzoom.com

City/State and Zip Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis | ions of section 605.01 | 15, Florida Statutes, the und | ersigned, | | |
|---|--------------------------------|--|----------------------|---------------|---------------|
| United States Corporation Agents, Inc. , hereby res | | | | c | |
| | | | | 3 | |
| Registered Agent for | JBW Florida Inves | tments LLC | | | |
| | | | | | |
| | Name of Lir | nited Liability Company | | | |
| L23000365674 | | | | | |
| Document | Number, if known | | | | |
| A copy of this resigna | tion was mailed to the | above listed limited liability | company at its las | t known ac | ldress. |
| The agency is termina | ted and the office disco | ontinued on the 31st day afte | er the date on which | h this state: | ment is filed |
| | | Signature of Resigning Agent | | | |
| If signing on behalf of | an entity: | | | | |
| | Cheyenne Mose | | | W. | |
| | ï | 'yped or Printed Name | | | |
| | Asst. Secretary for t | United States Corporation Ag | jents, Inc. | MAR | |
| | | Capacity | | U 2 - | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability condensity of the condensity of th | 1 | 181 c | |

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