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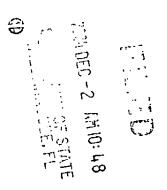
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JaLyn Gaglione LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000474041	
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)	9 0 2
For further information concerning this matter, please call:	773-0888
800 at (773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited to voluntarily dissolved or with Fawn limited

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 provis	ions of section 605.0115, F	Florida Statutes, the under	signed,		
United States Co	poration Agents, Inc.		hereby resigns as		
	Name of Registered Agent	,	moreey reengine as		
Registered Agent for	JaLyn Gaglione LLC				
				·	
	Name of Limited	Liability Company			
L23000474041					
Document	Number, if known				
A copy of this resigna	tion was mailed to the abov	ve listed limited liability c	ompany at its last!	known address.	
The agency is termina	ted and the office disconting	nued on the 31st day after	the date on which	this statement is file	d.
	5.6-	The Hair			
	- Cree 1	Treutlain gnature of Resigning Agent			
If signing on behalf of	an entity:			0 0 3	
Erik Treutlein			7024 DEC	-	
	Турес	f or Printed Name			د ۱ معنودی محد د
	Vice President on behalf of	United States Corporation Age	ents, Inc.	-2	ا اموری
		Capacity		MHIO: 48	ا د او وحسن
				OF STATE	
	<u>FIL</u> ING FE	ES:		• •	
	\$ 85.00 A \$ 25.00 A	ctive limited liability con dministratively dissolved vithdrawn limited liability	npany I/ voluntarily disso y company	olved/	

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