L23000 506461

(Requestor's Name)
(Address)
(Address)
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ETLED 2024 JUL 24 PH 12: 26 MALLAFIASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jane and Joe's Boat Co., LLC	of Limited Liabilit	
	it Fimited Frabilit	y Company
DOCUMENT NUMBER: 1.23000506461		
The enclosed Resignation of Registered Ag for filing.	gent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concernin	ig this matter to	the following:
Cassic Long		
Name of Person		_
South Walton Law, P.A.		
Name of Firm/Company		_
36468 Emerald Coast Parkway, Unit 6101		
Address		_
Destin, FL 32541		
City/State and Zip Code		_
cassie@southwaltonlaw.com		
E-mail address: (to be used for future annual r	report notification)	_
For further information concerning this ma	itter, please call:	
Cassie Long	850 at (837-0155
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0115, Florida Statutes, the undersigned,		
Shawn Vinson	, hereby resigns as		
	Name of Registered Agent		
Registered Agent for Jane	e and Joe's Boat Co., LLC		
		<u>. </u>	
	Name of Limited Liability Company		
L23000506461			
Document Nun	nber, if known		
A copy of this resignation	n was mailed to the above listed limited liability company at its last kno	own addres	SS.
The agency is terminated	and the office discontinued on the 31st day after the date on which this	s statement	is filed.
	Docusigned by: Statistics of Resigning Agent		
If signing on behalf of an	entity:		
	Shawn Vinson	202	
	Shawn Vinson Typed or Printed Name Shawn Vinson Capacity	2024 JUL 24	-4-
	Capacity	L 21	
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	PM 12:	

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