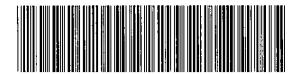
124000165907

(Requestor's Name)
(Àddress)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Corporations SUBJECT: JayJay GContractor LLC Name of Limited Liability Company DOCUMENT NUMBER: L24000165907 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. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.01	15, Florida Statutes, the u	ndersigned.				
	rporation Agents, I						
	Name of Registered Agent , hereby resigns as						
Registered Agent for	JayJay GContract	or LLC					
				<u> </u>		_	
-	Name of Li	mited Liability Company				_,	
L24000165907							
Document	Number, if known						
A copy of this resigna	tion was mailed to the	above listed limited liabil	ity company at its la	ast known	address		
	ted and the office disco	ontinued on the 31st day a					
	Trik	Treitlein					
		Signature of Resigning Age	al				
If signing on behalf of	an entity:			_			
	Erik Treutlein			AL.	2024 OCT 23		
		Typed or Printed Name		<u>₩</u>	30	7	
	Vice President on beha	alf of United States Corporatio	n Agents, Inc.	S.	-T 2		
		Capacity		SEE.			
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	lved/ voluntarily di	ALLAHASSEE, FLORIDA es	PH 3: 59	D	

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