## 



| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                                 | TIAW              | MAIL        |
| (Bu                                     | siness Entity Nar | ne)         |
| (Do                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer. |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |
| ·                                       |                   |             |





10/29/24--01005--018 \*\*85.00

## **COVER LETTER**

| то:                           | Division of Corporations   |  |  |  |  |
|-------------------------------|--|--|--|--|--|
| SUBJI                         | JESSII LLC  Name of Limited Liability C  |  |  |  |  |
|                               | Name of Limited Liability (  | Jompany  |  |  |  |
| DOCU                          |  |  |  |  |  |
| The enfor film                | nclosed Resignation of Registered Agent for a Limiteding.  | Liability Company and fee are submitted  |  |  |  |
| Please                        | return all correspondence concerning this matter to the  | e following:   |  |  |  |
| Travis C                      | Crabtree   |  |  |  |  |
|                               | Name of Person   |  |  |  |  |
| LEGAL                         | LCORP SOLUTIONS, LLC   |  |  |  |  |
|                               | Name of Firm/Company   |  |  |  |  |
| 3 Green                       | nway Plaza #1320   |  |  |  |  |
|                               | Address  |  |  |  |  |
| Houston                       | on, TX 77046   |  |  |  |  |
| -                             | City/State and Zip Code  |  |  |  |  |
| rikkkkk                       | kkki@aol.com   |  |  |  |  |
| E-                            | -mail address: (to be used for future annual report notification)  |  |  |  |  |
| For fur                       | rther information concerning this matter, please call:   |  |  |  |  |
| LegalCo                       | Corp Solutions, LLC 888  Name of Person at ()  Area Code   | 534-3018   |  |  |  |
|                               | Name of Person Area Code   | Daytime Telephone Number   |  |  |  |
| Enclos<br>liabilit<br>limited | sed is a check made payable to the Florida Department ty company or \$25.00 for an administratively dissolved d liability company. | of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn |  |  |  |

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

| LEGALCORP SOLUT                                   | TONS, LLC   | , hereby resigns as   |
|---|---|---|
|   | Name of Registered Agent  | , nercoy resigns as   |
| Registered Agent for                              | JESSII LLC  |   |
|   | Name of Limited Liabilit  | y Company   |
| L24000278628                                      |   |   |
|   | <del></del>   |   |
| Document  | Number, if known  |   |
|   |   | d limited liability company at its last known address.  |
| A copy of this resigna                            | ation was mailed to the above liste   |   |
| A copy of this resigna                            | ation was mailed to the above liste   | d limited liability company at its last known address.  the 31st day after the date on which this statement is file |
| A copy of this resigna                            | ation was mailed to the above listenated and the office discontinued or                         |   |
| A copy of this resignate. The agency is terminate | ation was mailed to the above listenated and the office discontinued or Signature               | the 31st day after the date on which this statement is file   |
| A copy of this resignate. The agency is terminate | ation was mailed to the above listenated and the office discontinued or Signature               | the 31st day after the date on which this statement is file   |
| A copy of this resignate. The agency is terminate | ation was mailed to the above listerated and the office discontinued or Signature of an entity: | the 31st day after the date on which this statement is file   |
| A copy of this resigna                            | ation was mailed to the above listerated and the office discontinued or Signature of an entity: | the 31st day after the date on which this statement is file   |

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

| Pursuant to the provisi  | ons of section 605 | 5.0115, Florida Statutes, the | undersigned,                                       |
|--------------------------|--------------------|-------------------------------|--|
| LEGALCORP SOLUTI         | IONS, LLC          |                               | hereby resigns as                                  |
| Name of Registered Agent |                    | : nereby resigns as           |  |
| Registered Agent for     | JESSII LLC         |                               |  |
|                          | Name               | of Limited Liability Company  | <del>,</del>                                       |
| L24000278628             |                    |                               |  |
| Document !               | Number, if known   |                               |  |
| A copy of this resignat  | tion was mailed to | the above listed limited lial | bility company at its last known address.          |
| The agency is termina    | ted and the office | discontinued on the 31st day  | y after the date on which this statement is filed. |
|                          |                    |                               |  |
|                          | <u></u>            | Signature of Resigning A      | gent   |
| If signing on behalf of  | an entity:         |                               |  |
|                          | Travis Crabtree    |                               |  |
|                          |                    | Typed or Printed Name         |  |
|                          | Member             |                               |  |
|                          |                    | Capacity:                     | <del></del>  |

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