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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561) 792-2236
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LLC REGISTERED AGENT RESIGNATION
JUBILEE COVENANT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SEP 10 2020

D CANNELL

LLC RA Resign

4200003109063

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SUPERBIZ REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for JUBILEE COVENANT LLC

Name of Limited Liability Company

M11000000621

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Tina Maki

Signature of Resigning Agent

If signing on behalf of an entity:

TINA MAKI

Typed or Printed Name

DP

Capacity

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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withdrawn limited liability company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

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