H130000003541

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	(Requestor's Name)	
	(Address)	
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	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Mame)	
	(Document Number)	
vertified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	1.11000	
J. HORNE		
NOV 2 1 2022		

Office Use Only



SECULIARY CITY OF DIALLY AREAS SECULIARY CITY OF DIALLY C

2022 NOT 18 PK 3: 20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500			
ACCOUNT NO. : 12000000195			
REFERENCE : 187343 8323810			
AUTHORIZATION COMPUBLICATION			
COST LIMIT (\$\sigma 85.00			
ORDER DATE: November 2, 2021			
ORDER TIME : 2:35 PM			
ORDER NO. : 187343-005			
CUSTOMER NO: 8323810			
RESIGNATION OF RA			
NAME: JORDAN CAPITAL FINANCE LLC			
XX RESIGNATION OF RA			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Eyliena Baker-EXT#			
EXAMINER'S INITIALS:			

COVER LETTER

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: M13000002541	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
RESIGNATIONS DEPARTMENT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	_
251 LITTLE FALLS DRIVE	
Address	_
WILMINGTON, DE 19808	
City/State and Zip Code	_
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 at (927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provisions of section 605.0115. Florida Statutes.	. the undersigned.	
CORPORATION SERVICE COMPANY	, hereby resigns as	
Name of Registered Agent	, nereby resigns as	2007 1207 1207 1207 1207 1207 1207 1207
Registered Agent for JORDAN CAPITAL FINANCE LLC		2022 NO!
		128
Name of Limited Liability Compar	ny	1.8 PH 12: 49
M13000002541		25.
Document Number, if known		61
A copy of this resignation was mailed to the above listed limited. The agency is terminated and the office discontinued on the 31s Eylina Bakk	st day after the date on which th	
Signature of Resigni	ing Agent	
If signing on behalf of an entity:		
BY EYLIENA BAKER		
Typed or Printed Name VICE PRESIDENT		
Capacity		

 \Box

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