# M16000000681

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2021 MAR 30 AH 9: 28

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### **COVER LETTER**

SUBJECT: Nam	e of Limited Liabili	y Company		
DOCUMENT NUMBER: M1600000068	1	<u> </u>		
The enclosed Resignation of Registered for filing.	Agent for a Limit	ed Liability Company	and fee are submi	itted
Please return all correspondence concert	ning this matter to	the following:		
ADAM BLEGGI				
Name of Person		_		
ABN LAW, PLLC				
Name of Firm/Compan	y	_		
2390 TAMIAMI TRAIL N, SUITE 214				
Address		_		
NAPLES, FL 34103				<b>.</b> 3
City/State and Zip Cod	<del>-</del>	7 E	2	
showitt@jesglocap.com				7071 MAR 30
E-mail address: (to be used for future annu-	al report notification)	_	<u> </u>	<u>ئ</u> څ
For further information concerning this	matter, please call		نى <u></u> . غ	R. 45
ADAM BLEGGI	239	316-7987		<u>ဂ</u> လ
Name of Person	Area Cod	Daytime Telephone	Number c	ဆိ

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

TO:

Registration Section Division of Corporations

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

Pursuant to the prov	isions of section 605.01	15, Florida Statutes, the u	ndersigned,			
ABN LAW, PLLC			, hereby resigns as			
	Name of Registered Ag	ent				
Registered Agent for	JES GLOBAL CAPITA	L GP II, LLC				
	Name of Lin	nited Liability Company		_	<del></del> ·	
M16000000681						
Documer	it Number, if known					
A copy of this resign	nation was mailed to the	above listed limited liabi	lity company at its last	known addr	ess.	
The agency is terming	nated and the office disc	ontinued on the 31st day	after the date on which	this stateme	nt is tile	ed.
	~ 38°	) its Mrg. Signature of Resigning Ago	ent			
If signing on behalf	of an entity:					
•	ADAM BLEGGI					
	<del></del>	Typed or Printed Name		<del></del>	202	
	MANAGER OF AB	N LAW, PLLC		<u> </u>	==	<b>~</b> ;;;;
		Capacity			2021 MA <b>JC</b> 30	· ·
				:	õ	
	<u>FILING</u> \$ 85.00	FEES: Active limited liabilit	v company	· · · · · · · · · · · · · · · · · · ·	Æ 9	
	\$ 25.00	Administratively diss withdrawn limited lia	y company olved/ voluntarily diss ability company	olved/-	9: 28	

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