# M18000011421

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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	JES GLOBAL CAPITAL GP III, LLC				
	Name of Limited Liability	Company			
DOC	UMENT NUMBER: M18000011421				
The e for fil	nclosed Resignation of Registered Agent for a Limiteding.	Liability Company and fee at	e sub	mitted	
Please	e return all correspondence concerning this matter to the	ne following:			
ADAN	a BLEGGI				
	Name of Person				
ABN I	LAW, PLLC				
<u> </u>	Name of Firm/Company				
2390 1	TAMIAMI TRAIL N. SUITE 214				
-	Address				
NAPL	ES, FL 34103			2	
	City/State and Zip Code		11	0211	
showit	tt@jesglocap.com	[		2021 14.1 30	, ;
F	-mail address: (to be used for future annual report notification)	· • •		30	ده. دو ده
For fu	irther information concerning this matter, please call:		' c '	至	,
ADAM	At BLEGGI 239 at (	316-7987	11	9:52	Ny gard
	Name of Person Area Code	Daytime Telephone Number	<del>.</del>	డు	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the unde	rsigned,			
ABN LAW, PLLC	, here		, hereby resigns as	rby resigns as		
	Name of Registered Age					
Registered Agent for _	ES GLOBAL CAPITAI	LGP III. LLC			_	
	Name of Lin	nited Liability Company			<u>_</u> ·	
M18000011421						
Document N	lumber, if known	<del></del>				
A copy of this resignati	ion was mailed to the a	above listed limited liability	company at its last kno	own address	5.	
The agency is terminate		ontinued on the 31st day after the continued on the 31st day after	r the date on which this	statement	is filed.	
If signing on behalf of	an entity:					
-	ADAM BLEGGI					
	T MANAGER OF ABI	yped or Printed Name N LAW, PLLC		3EUNI TALI	2021 HA <b>∤</b> 30	-1-
	Capacity		<del></del>	7	<del>7</del>	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolve ity company	ed/ . = _	30 725 9: 23	

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