M19000004217

(Requestor's Name)			
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,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer.			
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Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Ausun, TX 78767 Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 9/19/2023 FLORIDA

REP UNIT:

JAH2N415XJ, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33459 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> FILED Sep 25, 2023 08:00 AM Secretary of State

> > Ling

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 605,0115, Florida Statutes, th	ne undersigned.	
Capitol Corp	orate Services, Inc.	hereby resigns as	
Name o	of Registered Agent		
Registered Agent for	JAH2N415XJ, LLC		
<u> </u>	Name of the Limited	Liability Company	
M19000004 Document Number, if	known		
A copy of this resignation was	mailed to the above listed limited li	ability company at its last known address.	
The agency is terminated and the	ne office discontinued on the 31st d	ay after the date on which this statement is filed.	
	Rignature of Resigning	Agent	
If signing on behalf of an entity	, ;	FILED	
	Yvette Cleveland	Sep 25, 2023 08:00 AM	
	Typed or Printed Name	Secretary of State	
	Assistant Secretary	· ·	
	Capacity		

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\$ 25.00 ✓ Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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