## L12000098171

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

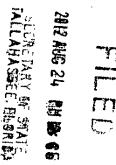
AUG 28 2011

**EXAMINER** 

Office Use Only



200238789352



08/24/12--01018--025 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JMCG LAUDERHILL, LLC	C Liability Company)
The enclosed member, managing member or ma	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
DANA M KAUFMAN	LLANCE &
(Contact Person)	A Section 1
KAUFMAN & COMPANY, P.A.	
(Firm/Company)	
1200 BRICKELL AVE STE 950	
(Address)	
MIAMI, FL 33131	<u> </u>
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	455-0314
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it ap	pears on the records of the	: Florida Depai	rtment 
2. This limited liab FLORIDA	ility company was organized und	er the laws of:	TALLAHA	2012 ASG 24
3. The Florida docu L12000098	iment/registration number of this	limited liability company	is:	24 88 86
4. I, CHRISTO	PHER CHEN  Jame of Person Resigning)	, hereby resign as a MAN	NAGER (Print Title)	<b>a</b> n
of this limited lial resignation in wr	pility company and affirm the lim	ited liability company has	,	ofmy
Signature of Refi	gning Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			