## 18000093805

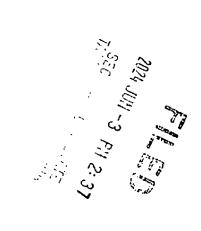
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

Divis	sion of Corporations		
SUBJECT:	1206 NORTH PALAFOX, LLC	•	
SUBJECT.	(Name o	f Limited Liability Co	nipany)
The enclosed	d member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please return	all correspondence concert	ning this matter to:	
JONATHAN I	D. GREEN, SR		
	(Contact Person)		_
	(Firm/Company)		_
1206 N PALA	FOX STREET		
	(Address)		_
PENSACOLA	FL 32501		
	(City/State and Zip Code)		_
For further in	nformation concerning this	matter, please call:	
JONATHON I	D. GREEN, SR	at (	_)
(N	Jame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple  ■ \$25 Filing	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy
Regi: Divi: P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, 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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	NUL SECT	2024 JUI	<b>=</b>
1. The name of the limited liability company as it appears on the records of the Flori of State is:  1206 NORTH PALAFOX, LLC			nt Î
2. The Florida document/registration number assigned to this limited liability compa	my is:	2: 37	£1.00
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, DONALD P. JEHLE, JR  (Print Name of Person Resigning). hereby withdraw/resign as a	′19/2024 —	<u>.</u>	
Donald P. Jehle, Jr., MGR			
of this limited liability company and affirm the limited liability company has been resignation in writing.	notifie	d of my	у
Signature of Distociating Member or Resigning Manager			

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)