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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	(f)		
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SECRETARY OF STATE

2019 APR 18 PM 4: 20

APPROVED AND FILED

04/19/19--01003--002 **25.00

M. D. W.

19 APR 18 PH 3: 20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JMC Industreis LLC	
(Name of Limited Liability Com	ipany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Kenneth L. Spears, Esq.	_
(Contact Person)	~2
	APP AN FILI
Law Offices of Kenneth L. Spears	_
(Firm/Company)	R PA
	TO COMPANY OF THE COM
4741 Atlantic Blvd, Ste A-2	
(Address)	4: 20
	20
Jacksonville, FL 32211	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kenneth L. Spears, Esq. at (904	707-3188
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for: 1g 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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Flo.ida Statutes)

JMC	Industries LLC	t appears on the records of the	Florida Department
2. The Florida docu M1500000832		signed to this limited liability co	ompany is:
		 -	04/17/2019
3. The date this mer Herbert Casy		gned or will withdraw/resign is	•
		, hereby withdraw/resign a	S 29
4. 1,	ome of Person Resigning)	, Insteady withdrawnesign a	<i>3</i> 4
	mber (MGRM)		
	Print Title)		
of this limited liab resignation in wri		e limite i liability company has	been notified of my
Herton	fa()//		2019 APR Stored Late Area
Signature_of_Df	ssociating Member or Resign	ning Manager	9 A
Filing Fee:	\$25.00 (Required)		FILE FILE
Certified Copy:	\$30.00 (Optional)		PH 4: