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RESIGNATION MENBER

COVER LETTER

Registration Section TO: **Division of Corporations** J&J Building, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James J Costello (Contact Person) J&J Building, LLC (Firm/Company) 1010 Johns Point Drive (Address) Oakland, FL 34787 (City/State and Zip Code) For further information concerning this matter, please call: James J Costello (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **№** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	duilding, LLC
2. The Florida docu L07000073289	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/29/2019
4. I, Debra C. Coste	, hereby withdraw/resign as a ame of Person Resigning)
Member Manage	AMBR.
	(Print Title) Dility company and affirm the limited liability company has been notified of my string.
× Ochrat	Calle
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \(\square \) \$30.00 (Optional)