

L12000081300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

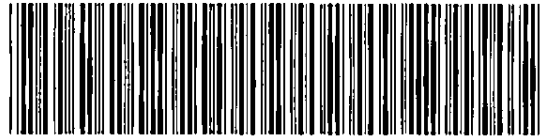
(Document Number)

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2023 SEP -8 AM 8:07  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JCLL, LLC  
(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:

Justin K Brown

(Contact Person)

JCLL, LLC

(Firm/Company)

6022 Farcenda Place, Suite 104

(Address)

Melbourne, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Brown

321

863-7653

at ( )

(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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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: JCLL, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000081300

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/07/2023

4. I, Breanne J Brown, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Breanne J Brown  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2023 SEP -8 AM 8:07  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA