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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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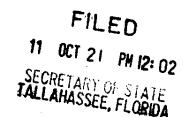
N. Cumpan OCT 24 2019

## **COVER LETTER**

CR2E079 (5/06)

	egistration Section Pivision of Corporations	
SUBJEC	CT: JEW Investment	y Company)
The enclo	osed member, managing member or manager	resignation and fee(s) are submitted for
Please ret	turn all correspondence concerning this matte	er to:
	James Turnpaugh (Contact Person)	
<u></u>	&W Investments, U	C
1888	9 Emerald Coast Pkm	1Stell3B
Des	Stin, FL 32550. (City/State and Zip Code)	
For further	er information concerning this matter, please	call:
<u>Jame</u>	(Name of Contact Person) at (Area (Area)	Code & Daytime Telephone Number)
Enclosed	please find a check made payable to the Flor \$25 Filing Fee	ida Department of State for:  \$55 Filing Fee & Certified Copy
Registrati Division of Clifton Board 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department & W INVESTMENTS, L. L.C.
2. This limited liab	ility company was organized under the laws of:
3. The Florida doc	ument/registration number of this limited liability company is:
	Turnough, hereby resign as a MGRM (Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of Res	gning Member Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)