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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

Division of Corporations	
SUBJECT: JEM CARE REALTY (Name of Limite	', LLC ed Liability Company)
The enclosed member, managing member or national filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Holly Cohen	
(Contact Person)	
Holly Cohen, P.A.	
(Fitti/Company)	
1380 Miami Gardens Drive,	Suite 255
(Address)	
North Miami Beach, Florida (City/State and Zip Code)	33179
For further information concerning this matter	r, please call:
Holly Cohen	at ( 305 ) 9 <b>45</b> -9449
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
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CR2E079 (5/06)



## 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: <u>JEI</u>	limited liability company as	it appears on the records	s of the Florida De	epartm	nent ·
	ility company was organized F FLORIDA	d under the laws of:			
3. The Florida docu 	ument/registration number o	f this limited liability con	npany is:		
	oility company and affirm th	, hereby resign as a	(Print Title)		
Signature of Resi	Simulation of the second secon	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			07 NOV 19 PH 12:	FILED SECRETARY OF SII DIVISION OF CORPORA

CR2E079 (5/06)