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(Requestor's Name)	
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## **COVER LETTER**

TO: F	ΓO: Registration Section			
D	Division of Corporations			
SUBJEC	Jonathan Summerton Enterprises LLC			
(Name of Limited Liability Company)				
The encl	losed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning	his matter to:		
Jonathan S	Summerton			
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
	(Firm/Company)	<u> </u>		
1515 Suns	set Pointe Pl			
	(Address)			
Kissimme	ee FI 34744			
· · ·	(City/State and Zip Code)			
For furth	ner information concerning this matte	r, please call:		
Alan Sumi	merton	4077095549 at ()		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed	i please find a check made payable to	the Florida Department of State for:		
	Filing Fee	☐ \$55 Filing Fee & Certified Copy		

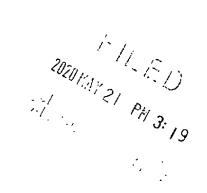
Mailing Address:

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







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

(Pursuant to 605.0216, Florida Statutes)

it appears on the records of the Florida Department
signed to this limited liability company is:
gned or will withdraw/resign is:
, hereby withdraw/resign as a
limited liability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: