

LO5000005200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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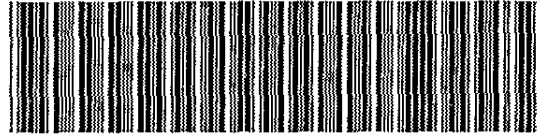
(Business Entity Name)

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Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOCAZA LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE CASTRO

(Name of Person)

JOCAZA LLC

(Firm/Company)

10810 NEW BRIGHTON CT N

(Address)

NEW PORT RICHEY, FL, 34654

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CASTRO

(Name of Person)

at (727) 919-3075

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, LINA FERNANDA CASTRO, hereby resign as TREASURER
(Title)

of JOCAZA LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation

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TALLAHASSEE, FLORIDA

Lina Castro
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314