## L05000031355

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200293154292

12/12/16--01045--008 \*\*\$5,00

16 DEC 22 PH 3: 28 SIVISION OF SCREENISIONS

O SIMMONS DEC 27 2016 Attn:

Miss Simmons

Jeffrey Horvath J3t, LLC

850 - 245 - 6030

3 pages.

## **COVER LETTER**

3

nited Liability Company)
iation and fee(s) are submitted for filing.
this matter to:
er, please call:
at ( 154 ) 594 - 2983 (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
to the Florida Department of State for:  \$\infty\$\$ \$55 Filing Fee & Certified Copy
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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 of State is:  J3K, LLC	the Florida Department
2. The Florida document/registration number assigned to this limited liability L05000031335	ty company is:
3. The date this member/manager withdrew/resigned or will withdraw/resigned 4. I, Kimberly M. Jerauld , hereby withdraw/resigned , hereby withdraw/resigning)	
MGMR  (Print Title)  of this limited liability company and affirm the limited liability company resignation in writing.	has been notified of my
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)	PH 3: 28

Certified Copy:

\$30.00 (Optional)