

LOG 0000 29 739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

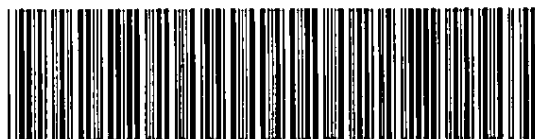
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01025--007 \*\*50.00

FILED  
2020 JAN 27 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

○ SIMMONS  
FEB 21 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMJ Associates, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Justin G. Cerrato

(Contact Person)

Blue Ocean Law

(Firm/Company)

4309 Pablo Oaks Court, 2nd Floor

(Address)

Jacksonville, FL 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin G. Cerrato

(Name of Contact Person)

904

at ( )

239-3646

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 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



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)

FILED  
2020 JAN 27 AM 7:14  
SECRETARY OF STATE  
JAN-27-2020

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JMJ Associates, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000029739

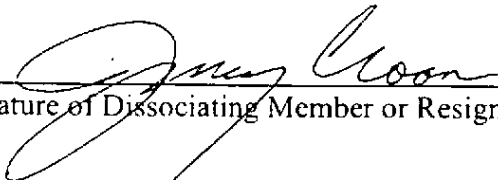
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/21/2020

4. I, Jerry Croan, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)