

L0600035101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

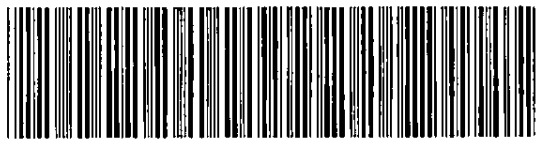
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 24 2019
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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/23/19

NAME: JMD ASSOCIATION, LLC

TYPE OF FILING: DISSOCIATION

COST: 25.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: ECA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMD ASSOCIATION 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:

DAVID R. FALBSTEIN ESQ
(Contact Person)

DAVID R. FALBSTEIN PA
(Firm/Company)

8557 W Sunrise Blvd Ste 103A
(Address)

Plantation FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID R. FALBSTEIN ESQ at (954) 586 0441
(Name of Contact Person) (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

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



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 the Florida Department
of State is: JMD ASSOCIATION, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000035101

3. The date this member/manager withdrew/resigned or will withdraw/resign is: PRITI
INVESTMENTS, INC.

4. I, PRITI J. MAHESHWARI, Pres. 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.

Priti Maheshwari
Signature of Dissociating Member or Resigning Manager

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

2024 OCT 23 PM 12:31

Form:→

Priti

maheshwari

954-942-9234