L060000 67397

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	····
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	7
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		11-10
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OF NOV -6 PM 12: 02 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JMAK, LLC (Name of Limited Liability	Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member of	or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Lee A. Kantor, Esquire	
(Name of Person)	TASE 5
Platt & Surber, P.A.	ATT -
(Firm/Company)	
214 SW Port Saint Lucie Blvd.	FILED OF NOV -6 PH 12: 02 FILED FILED FILED OF STATE FILED OF STATE
(Address)	——————————————————————————————————————
Port Saint Lucie, Florida 34984	
(City/State and Zip Code)	·
For further information concerning this matter, please call:	
Lee A. Kantor	2 \ 873-3703
(Name of Person) (Area	2 873-3703 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 CR2E079 (8/05)	✓ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, AUDRA KOZLOWSKI	, hereby resign as Managing Member.o		
	(Title)		
of JMAK, LLC	麗。		
(Limited Liabil	ity Company)		
a limited liability company organized under the la	ws of the State of Florida		
and affirm that the limited liability company has been notified in writing of the resignation.			
(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