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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: JM I LL	nited Liability Company)	
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	this matter to:	
GERBRO H LEC/AIR (Contact Person)		
COASTAL CLOSET + CARAGO	= 5 ys,	
10433 OAK DR (Address)		
HUDSON, FL. 34-CC (City/State and Zip Code)	-9	
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
GERARD H LECLAIR	at (737) 856-3190 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable t	to the Florida Department of State for:	
□ \$25 Filing Fee	□ \$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS	
	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee Florida 37314	

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the	ne records of the Florida	Department
	ility company was organized under the laws	of:	2013 DEC -2 SECHA LARY TALLAHASSE
	ument/registration number of this limited lia	bility company is:	2 AM II: 37 FOR STATE EE, FLORIDA
4. I, <u> S A 1 / 9</u> (Print N	H LEC/A/R, hereby re Jame of Person Resigning)	sign as a <u>MANA</u> 96 (Print Ti	FR tle)
	bility company and affirm the limited liabilit	,	•
Signature of Res	gning Member, Managing Member or Mana	iger	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		