# LD6000119348

| (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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SECRETARY OF STATE FAILAHASSEE, FLORIDA

15 JUN 15 AM 8: 24

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 1 6 2015

S MASON

#### **COVER LETTER**

| Divis                    | sion of Corporations                |                     |  |  |  |
|--------------------------|-------------------------------------|---------------------|--|--|--|
| SUBJECT:                 | JEFF'S INVESTMENTS,                 | LLC                 |  |  |  |
| JOBSECT.                 | (Name of Limited Liability Company) |                     |  |  |  |
| The enclosed             | d member, resignation or disse      | ociation and fee(   | s) are submitted for filing.                       |  |  |
| Please return            | all correspondence concerni         | ng this matter to:  |  |  |  |
| Kathy Darje              | ean                                 |                     |  |  |  |
|                          | (Contact Person)                    |                     | <del></del>  |  |  |
|                          | (Firm/Company)                      |                     | _  |  |  |
| 7241 Dilido              | Boulevard                           |                     |  |  |  |
|                          | (Address)                           |                     | _  |  |  |
| Miramar, F               | lorida 33023                        |                     |  |  |  |
|                          | (City/State and Zip Code)           | .=                  | _  |  |  |
| For further in           | nformation concerning this m        | atter, please call: |  |  |  |
| Kathy Darje              | ean                                 | 954<br>at (         | 684-7456   |  |  |
| (N                       | ame of Contact Person)              | (Area Code          | & Daytime Telephone Number)                        |  |  |
| Enclosed ple \$25 Filing | ease find a check made payable Fee  |                     | Department of State for:<br>3 Fee & Certified Copy |  |  |

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SECHETARY OF STATE

DIVISION OF CORPORATIONS

15 JUN 15 AM 8: 21.



### 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)

|   | limited liability company as i           | t appears on the records o  | f the Florida Departm                              | ent<br>·                                   |
|---|--|-----------------------------|--|--|
| 2. The Florida docu<br>L06000119348                   | ment/registration number ass             | igned to this limited liabi | lity company is:                                   |  |
| 3. The date this mer                                  | mber/manager withdrew/resig              | gned or will withdraw/resi  | gn is:   | _  |
| 4. I, RONNIE RAC                                      | GINS  ome of Person Resigning)           |                             |  |  |
| Managing Mer  | Print Title)                             |                             |  |  |
| of this limited liab<br>resignation in write<br>While | oility company and affirm the ting.      | limited liability company   | has been notified of r                             | ny<br>⊇                                    |
| Signature of Dis<br>Roれん                              | ssociating Member or Resign              | ing Manager                 | 15 JUI<br>SECHI<br>FALLIAH                         | SECRI                                      |
| _   | \$25.00 (Required)<br>\$30.00 (Optional) |                             | N 15 AM 8: 24<br>ETARY OF STATE<br>HASSEE, FLORIDA | FILEU<br>ETARY OF STATE<br>OF CORPORATIONS |