L07000062615

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/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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Resignation

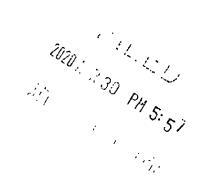
MAY 1 4 2020 I ALBRITTON

COVER LETTER .

Division of Corporations	
J.C. MANUFACTURING SOLUTIONS, L SUBJECT:	.LC
SUBJECT:(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	
Please return all correspondence concerning this r	natter to:
CRISTAL DONGILLI	
(Contact Person)	
J.C. MANUFACTURING SOLUTIONS, LLC	
(Firm/Company)	
651 ARNAU DRIVE	
(Address)	
NEW SMYRNA BEACH, FL 32169	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
CRISTAL DONGILLI	386 426-1991
	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:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303







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

(Pursuant to 605.0216, Florida Statutes)

L. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is: J.C. N	AANUFACTURING SOLUTIO	NS, LLC
	ument/registration number	assigned to this limited liability company is:
L07000052615		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I	GILLI	, hereby withdraw/resign as a
(Print N	iame of Person Resigning)	
MGRM		
-	(Print Title)	
of this limited lial resignation in wr		the limited liability company has been notified of my
flh	u/V	M./!
Signature of Di	issociating Member or/Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Optional)	