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A. RIVERS
MAY 10 2023

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: JENRAY, 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: |
| Trishanna Gifford |
| (Contact Person) |
| |
| (Firm Company) |
| 1014 Woodfield Road |
| (Address) |
| Greenacres FL 33415 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| TRISHAVUNT GIGGRO at (S61) 644 -8724 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| (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 \$25 Filing Fee & Certified Copy |
| |

TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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: JENRMY LLC |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L080000 87111 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/7027 |
| 4.1. TRISHANNA GIFFORD hereby withdraw/resign as a Print Name of Person Resigning) |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1017027 4. I. TRISHANNA GIFFORD, hereby withdraw/resign as a Print Name of Person Resigning) MANAGER (Print Title) of this limited liability company and affirm the limited liability company has been notified opmy |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager |
| Filing Fee: S25.00 (Required) Certified Copy: \$30.00 (Optional) |