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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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14 Southeast 4<sup>th</sup> Street Boca Raton, Florida, 33432 Tel: 561.347.8700

Fax: 561.409.2341 www.murdochweires.com

Richard A. Murdoch, Esq. Direct Line: (561) 405-3339

E-Mail: rmurdoch@murdochweires.com

March 27, 2023

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

Federal Express

RE: J.G. EL MAR, LLC

#### Gentlemen/Ladies:

In regard to the above limited liability company, enclosed please find the following documents:

- 1) Executed Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company;
- 2) Executed Statement of Resignation of Registered Agent for a Limited Liability Company; and
- 3) Executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company:
- 4) Our check made payable to Florida Department of State, in the amount of \$25.00, representing the filing fee for the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company;
- 5) Our check made payable to Florida Department of State, in the amount of \$85.00, representing the filing fee for the Statement of Resignation of Registered Agent for a Limited Liability Company:
- 6) Our check made payable to Florida Department of State, in the amount of \$25.00, representing the filing fee for the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company; and
- 7) Self-addressed envelopes.

Kindly forward confirmation the amendment has been filed, at our earliest convenience.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact me.

Very truly yours:

MURDOCH WEIKES P.L.

Kichard A. Murdoch

RAM:tp

cc. Client

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	J.G. EL	MAR, LLC			
(Name of Limited Liability Company)					
The en	closed member, resignation or dissoc	iation and fee(s	) are submitted for filing.		
Please	return all correspondence concerning	this matter to:			
	Michael Solomon				
	(Contact Person)		-		
	(Firm/Company)	<del></del>	-		
	6344 N.W. 65th Terrace				
	(Address)		-		
	Parkland, FL 33067				
	(City/State and Zip Code)	<del></del>	-		
For furt	ther information concerning this matt	er, please call:			
	Michael Solomon	(954) _ at (	868 2222		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	ed please find a check made payable of Filing Fee		epartment of State for: Fee & Certified Copy		
	Mailing Address:		Street Address:		
	Registration Section Division of Corporations		Registration Section		
	P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



### 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)

		s it appears on the records of the EL MAR, LLC	Florida Depa	rtment 
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:	
Dav	id J. Ide	signed or will withdraw/resign is		3
4. I,	Name of Person Resigning)  Manager	, hereby withdraw/resign as	s a	
of this limited lia		ne limited liability company has l	been notified	of my
Signature of D	issociating Member or Resig	ning Manager		7073 HAR
Filing Fee: Certified Copy:			TANGER TO THE TANGE TO THE TANG	TICE C