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T. HAMPTON

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	r: JPC LLC	ted Liability Company)
	(Name of Linns	ica Elaonity Company)
The enclose filing.	sed member, managing member or	manager resignation and fee(s) are submitted for
Please retu	urn all correspondence concerning t	this matter to:
JILL ST	TANZIONE KATZ	
	(Contact Person)	
JPC _ [10	
	(Firm/Company)	
5571 N	UNIVERSITY DR	
	(Address)	
CORAL	RIDGE, FL 33067	
	(City/State and Zip Code)	
For further	r information concerning this matte	r, please call:
JILL ST	TANZIONE KATZ	at (954) 818-5357
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed [please find a check made payable to √ \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
	COURIER ADDRESS:	MAILING ADDRESS:
_	on Section	Registration Section
	of Corporations	Division of Corporations
Clifton Bu	•	P.O. Box 6327
	cutive Center Circle ee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is: JPC,	nited liability company as	s it appears on the record	s of the Florida Do	epartn	nent —·
2. This limited liabili	ty company was organized	d under the laws of:			
3. The Florida docum L100001045	nent/registration number o	f this limited liability cor	mpany is:		
4. I, JILL STANZ	ZIONE KATZ ne of Person Resigning)	, hereby resign as a	MANAGER (Print Title)		
of this limited liabil resignation in write Signature of Resign	ity company and affirm thing. Harbor, Managing		,		my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			12 OCT	O ROISIVID