

(((11230003919193)))



H230003019193ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : 128200000137 Phone : (786)660-2108 Fax Number : (786)364-1047

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emwil Address: info@ypurdreams.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JCR FISHERIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.1
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu — Help

(((H230003919193)))

T. LEMIEUX NOV 14 2023 To: sunbiz socio ,

COVER LETTER

(((H23000391919	3)))

_	stration Section ion of Corporations		,
SUBJECT:	JCR FISHERIES, LLC		
1701111.CT	(Name of Lin	nited Liability Con	npany)
The enclosed	f member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
FELIX JUAN	CANCIO		
	(Contact Person)		-
	Felix Quan Cancie	,	
	(From Company)		
2700 SW 120	TERRACE		
	(Address)		-
MIRAMAR, F	LORIDA 33025		
	(City/State and Zip Code)		-
For further in	iformation concerning this matt	er, please call:	
FELIX JUAN	CANCIO	786 at (420-9036
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ase find a cheek made payable i g Fee		Department of State for: Fee & Certified Copy
Regis Divis P.O.	ngAddress: stration Section tion of Corporations Box 6327 hassee, FL 32314		StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

To: sunbiz socio -



(((H230003919193)))

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 I	Florida Depa	artment	
2. The Florida docs	ument/registration number a	ssigned to this limited liability co	mpany is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	11/13/2023		
4. 1, VIVIANA A. M (Print N MGR	ONTALTI Tame of Person Resigning)	, hereby withdraw/resign as	а		
	(Prim Title)				
of this limited lia resignation in wr		ne limited liability company has b	een notified	l of my	
	viana Moto ssociating Member or Resig		` <u>`</u>	2623 MON 13	
_	•	-		- - ω	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PB12: 57	{

(((11230003919193)))