410000lele915

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500322076775

12/26/18--01017--029 **25.00

LC JU GIEN JU JU SWEET STATE

return de naitaiscait

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		
·		
YOU MADE THE DEAL, SUBJECT:	, LLC	
(Name of	f Limited Liability Company)	
	ssociation and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to:	
BLAKE SALTZMAN		
(Contact Person)		
(FirmCompany)		
1281 ALPINIA ROAD		
(Address)		: :
NORTH PORT, FLA 34288		90 030 39 3 11
(City/State and Zip Code)		
For further information concerning this r	matter, please call:	7.5.10: 0.3
BLAKE SALTZMAN	941 7137001 at () (Area Code & Daytime Telephone Number)); ⁽⁾ 3
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
meroaca prease find a check made payat 8 \$25 Filing Fee 1	ble to the Flor <u>ida Depa</u> rtment of State for: 2 \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (2-14)

Tallahassee, Florida 32301



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)

The Florida document/registration number as	ssigned to this limited liability company	y is:
L11000066975		
The date this member/manager withdrew/res	igned or will withdraw/resign is:	1/2018
SHARLEEN SALTZMAN (Print Name of Person Resigning)	, hereby withdraw/resign as a	10 Ct
MGR	·	(P) (2) (2)
(Print Title)		
of this limited liability company and aftirm the esignation in writing.	ne limited liability company has been no	otified'ot'r 글

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: