L110000 86073

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300343146223

04/23/20--01014--002 **25.00

20 APR 23 PM 4: 47



COVER LETTER

•	ration Section on of Corporations			20 M2 22 PA W. H.
SUBJECT:	JEBEL COMMERCIAL HOLD	INGS, LLC		2
SUBJECT: _	(Name of	Limited Liability Co	mpany)	
The enclosed	member, resignation or dis	sociation and fee(s) are submitted for filir	او.
Please return a	all correspondence concern	ing this matter to:		
FABIAN L GOI	NZALEZ			
	(Contact Person)		_	
	(Firm/Company)			
20200 WEST D	IXIE HIGHWAY SUITE 606		_	
	(Address)		-	
AVENTURA, F	L 33180			
* ***	(City/State and Zip Code)		_	
For further inf	formation concerning this r	natter, please call:		
AMBAR GUTII	ERREZ	305 at (336-5053	
(Na	me of Contact Person)	(Area Code	& Daytime Telephone N	umber)
Enclosed pleas	se find a check made payab Fee		Department of State for: g Fee & Certified Copy	
Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssec t, Suite 810



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:	L COMMERCIAL HOLDING	GS, LLC	
2. The Florida doc L11000086073	ument/registration numbe	r assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:	
4. I, FABIAN L GONZALEZ (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)	-	
MANAGER			
	(Print Title)	- '	
of this limited lia resignation in wr		n the limited liability company has been notified of my	
Signature of D	ssociating Member or Re	signing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		