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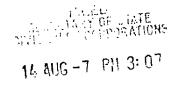
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divisio	n of Corporations			
SUBJECT: R	AMMER JAMMER DEVELO	OPMENT CO	DMPANY, LLC	
SCEGLET.	(Name of Limit	ted Liability Con	npany)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
KEYTON HU	LL			
	(Contact Person)	<u> </u>	-	
CM FOODSE	RVICE LLC			
	(Firm/Company)		-	
15 OFFICE P	ARK CIR STE 140			
	(Address)		_	
BIRMINGHAM	M AL 35223			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
KEYTON HU	LL	205 at (913-1616	
(Nan	ne of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\mathbb{Z}\$ \$25 Filing Fee \$\mathbb{L}\$ \$55 Filing Fee & Certified Copy				
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations og e Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

1. The name of the	limited liability company as it ap	opears on the records of the Florida Department
of State is:	MMER JAMMER DEVELOPM	ENT COMPANY LLC
2. The Florida doc	ument/registration number assign	ed to this limited liability company is:
L1100008714	9	
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
KEYTON HI		
	lame of Person Resigning)	_, nerecy vicinata in resign as a
MBRM		
	(Print Title)	
of this limited lia resignation in wr	• •	nited liability company has been notified of my
Total	h the	
Signature of D	issociating Member or Resigning	Manager
•	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	