# L11000104098

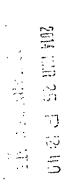
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	. WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer:	,		

Office Use Only



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B. BOSTICK
MAR 3 I 2014
EXAMINER

#### **COVER LETTER**

Division of Corporations				
SUBJECT: JMJ Investment Holdin				
(Name	of Limited Liability Cor	mpany)		
The enclosed member, resignation or d	issociation and fee(s	s) are submitted fo	or filing.	
Please return all correspondence conce	rning this matter to:			
Jan M. Jones III				
(Contact Person)				
(Firm/Company)		_		
3625 Hendricks Avenue				
(Address)		<del></del>		
Jacksonville, FL 32207			(m) (m) (m)	وعليساتنا
(City/State and Zip Code)		_	5.0	ښاد د د د ي
For further information concerning this	matter, please call:		ज	جو ساء د د
Jan M. Jones III	904 at (	716-8507 _)	none Number).	ءء '، عب:
(Name of Contact Person)	(Area Code	& Daytime Teleph	ione Number)	
Enclosed please find a check made pay  ■ \$25 Filing Fee		Department of Stat g Fee & Certified (	te for:	

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



### 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)

	limited liability company as it app	pears on the records of the	Florida Department
2. The Florida doc L1100010409	ument/registration number assigne	d to this limited liability co	ompany is:
3. The date this mo	ember/manager withdrew/resigned	or will withdraw/resign is:	03/19/2014
1 1			
Manager	(Print Title)		20 CO
of this limited lia resignation in wr	bility company and affirm the limi iting.	ted liability company has b	oeen notified of my
Signature of D	issociating Member or Resigning !	Manager	5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		