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LOPETARY OF STATE LLAHASSEE, FLORID?

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## **COVER LETTER**

**TO:** Registration Section

CR2E079 (2/14)

Divis	ion of Corporations					
SUBJECT:	Jag Development LLC					
SODSEC1.	(Name of Limited Liability Company)					
The enclosed	I member, resignation or dissocia	tion and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning t	his matter to:				
Niko Seme	do					
	(Contact Person)		_			
Jag Develo	pment LLC					
	(Firm/Company)		<del></del>			
11016 Oak	Ridge DR North					
	(Address)		_			
Jacksonville	e, FL 32225					
	(City/State and Zip Code)		_			
For further in	nformation concerning this matte	er, please call:				
Niko Seme	do	904 at (	446-0107			
(N	ame of Contact Person)	(Area Code	2 & Daytime Telephone Number)			
Enclosed ple \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration Division of (			Registration Section Division of Corporations			
Clifton Build	•		P.O. Box 6327			
	ive Center Circle Florida 32301		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 appears on the reco	ords of the Florida Department
of State is:	Development LLC		20 7AL
2. The Florida doc	ument/registration number as	ssigned to this limited	liability company is:
4. I, Marlene Car	ember/manager withdrew/res nara Tame of Person Resigning)	igned or will withdrav	₽FF N
Manager			
<del>-</del>	(Print Title)		
of this limited lia resignation in wr		e limited liability con	npany has been notified of my
Signature of D	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		