L11000 136572

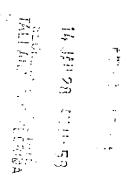
_
_

Office Use Only



300255867093

01/28/14--01001--008 **55.00



J. Shivers JAN 3 1 2013

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (12/13)

SUBJECT: JCR INTER	IORS LLC		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to:		
Rob Juliano			
(Contact Person)			
JCR INTERIORS	LLC		
(Firm/Company) 2200 S. CYPress Bend	dr. #702		
(Address)			
Pompano Beach, F (City/State and Zip Code)	-6,33069		
For further information concerning this matter,	please call:		
Rob Juliano at (Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to th □ \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy		
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		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as it appears on the	records of the Florida Department
L11000	ment/registration number of this limited liab	/Z9/13
4. I, Juan	Carlos Aguirre, hereby res	sign as a(Print Title)
resignation in wr	bility company and affirm the limited liability iting. esigning or Dissociating Manager, Member	y company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (12/13)