## L11000145648

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
ORID

CEC - 9 2013

T. HAMPTON

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

( and of Limited Line My company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MOEEN YEHYA (Contact Person)
JAA Investments LLC (Firm/Company)
13417 Sw 151 Terr.
Miami FL 3318b. (City/State and Zip Code)
For further information concerning this matter, please call:
Moeen / EHya. at (305) 986 4785 · (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\\$\\$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (5/06)

Registration Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:		y as it appears on the record vestments.	ls of the Florida Depa	artment 
	oility company was organ	ized under the laws of:		
3. The Florida doc	ument/registration number	er of this limited liability co	mpany is:	
4. I, Ade (Print N	le DAKdo Jame of Person Resigning)	, hereby resign as a	(Print Title)	zen
of this limited lia resignation in wr		n the limited liability compa	any has been notified	of my
Signature of Res	igning Member, Managir	ng Member or Manager		
Filing Fee:	\$25.00 (Required)		TAL SE	70.03
Certified Copy:	\$30.00 (Optional)	,	CRETARY	FILE

CR2E079 (5/06)