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(Address)						
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TO: Registration Section Division of Corporations

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The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

<u>JHAMB MAX LLC</u> (Contact Person) <u>JHAMB MAX LLC</u> (Fum/Company) <u>16244 5. Militory Trail #470</u> (Address)

Delray Beach FL 33484 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (561) 865-5151 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State 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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: JNAMBMAXILLC

2. The Florida document/registration number assigned to this limited liability company is:

3635632577

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I. <u>Ernesto</u> Portas-Polo (Print Name of Person Resigning), hereby withdraw/resign as a

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

anature of Dissociating Member or Resigning Manager

\$25.00 (Required) Filing Fee: Certified Copy: \$30.00 (Optional)