## 112000079888

(Re	questor's Name)		
(Address)			
(Ad	ldress)		
(Cit	y/State/Zip/Phon	e #)	
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: JCS Industries ILC	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Allison P Litteral	
(Contact Person)	
JCS Industries LLC	
(Firm/Company)	
4201 Lake Gentry Rd	
(Address)	
St. Cloud Florid 34772	
(City/State and Zip Code)	·
For further information concerning this matter, pleas	se call:
at (	407 556-6247
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floral \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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	s it appears on the records of the Florida Department
of State is:	Industries LLC	<del>-</del>
2. The Florida doct L1200007988		ssigned to this limited liability company is:
		signed or will withdraw/resign is:
4. I, Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
CEO		The state of the s
	(Print Title)	FLORI.
of this limited lia resignation in wr	· · ·	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	