

L120000 97250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 9 2019  
T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jack's on Marion, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

William J. Minerich  
\_\_\_\_\_  
(Contact Person)

Jack's on Marion, LLC  
\_\_\_\_\_  
(Firm/Company)

7415 Riverside Drive  
\_\_\_\_\_  
(Address)

Punta Gorda, FL 33982  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Minerich                      941              286-5475  
\_\_\_\_\_  
(Name of Contact Person)              at (\_\_\_\_\_)              (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☐ \$25 Filing Fee                      ☒ \$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

**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: Jack's on Marion, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000097250

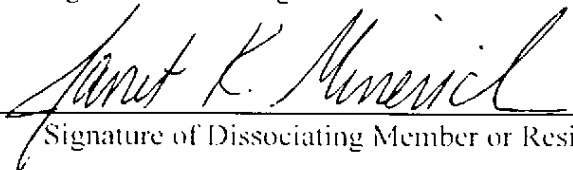
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2019

4. I, Janet K. Minerich, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager/Secretary

*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

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