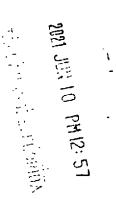
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jerusalem Group	Multi Services, LLC
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ttion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Hubert Dube	
(Contact Person)	
Jerusalem Group Multi se	rvices, LLC
14050 W. Dixie Hwy.	
North Miami, FL 33/6/ (City/State and Zip Code)	
For further information concerning this matter	er, please call:
Hubert Dube	a1 (305), 206-5564
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ✓ \$25 Filing Fee	o the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

			it appears on the reco		Department
2. The Florida docu	_	ion number ass	signed to this limited	liability company	is:
3. The date this me	mber/manager	withdrew/resig	gned or will withdraw	√resign is: <u>0 b − 0</u>	05-2021
4. 1. Henry Re	iphael Dub	<u> </u>	, hereby withdray	w/resign as a	
Member	ame of Ferson Kes (Print Title)	signing)			
of this limited lia resignation in wr	bility company iting.		: limited liability com		
Signature of Di	ssociating Men	nber or Resign	ning Manager		
Filing Fee: Certified Copy:	\$25,00 (Rec \$30,00 (Opt				2021 JUN 10 PM 12: 5