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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

#### **COVER LETTER**

Division of Corporations
SUBJECT: Jake City Management, 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:
Lynn Adams (Contact Person)
TH'S Your Money, LLC  (Firm/Company)
2768 SRAIN # 308
Atlantic Bush FL 32233-2825 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 270-2876  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

#### STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (12/13)

TO:

Registration Section

#### MAILING ADDRESS:

□ \$55 Filing Fee &

Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a			epartment
of State is:	ake City Mi	quagement	LLC	
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2 The Florida docum	nent/registration number of the	is limitad liahilitu aamr		2014 MAR
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3. The date this mem	ber withdrew or will withdray	v is: <u>2//7//4</u>	<u> </u>	- Ca
4.1, Dipak	K. PateL ne of Person Resigning)	, hereby resign as a	Mento	
(Print Nan	ne of Person Resigning)		(Print Title)	
	lity company and affirm the li	mited liability company	has been notifi	ed of my
resignation in writi	ng.			
	$\bigcirc$			
	(1):Vest-			
Signature of Resi	gning or Dissociating Manag	er, Member		
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Ontional)			

CR2E079 (12/13)