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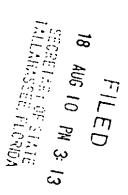
	(Requestor's Name)			
<u> </u>	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

	stration Section		
Divis	sion of Corporations		
SUBJECT:	J&B Commercial Propertie		
	(Name of Li	imited Liability Con	npany)
The enclosed	I member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	all correspondence concernin	g this matter to:	
Michael Be	rger, Esq.		
	(Contact Person)		_
Carpenter a	& Berger, PL		
	(Firm/Company)		_
101 NE 3rd	l Avenue, Suite 1500		
	(Address)		-
Fort Laude	rdale, FL 33301		
	(City/State and Zip Code)		-
For further in	nformation concerning this ma	tter, please call:	
Michael Be	rger	954 at (772-0127
(N	ame of Contact Person)	\	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable g Fee		Department of State for: 3 Fee & Certified Copy
STREET/C	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Division of C			Division of Corporations
Clifton Build			P.O. Box 6327
	ive Center Circle Florida 32301		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)	
	e limited liability company as it appears on the records of the Florida Department 3 Commercial Properties LLC	
	nument/registration number assigned to this limited liability company is:	
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: August 7, 20 n	?
4. I. Robert A. D	eSanti, hereby withdraw/resign as a Name of Person Resigning)	
Manager and	i Member	
	(Print Title)	
of this limited li- resignation in w	ability company and affirm the limited liability company has been notified of my riting.	
Rha	A D. J.	
Signature of D	vissociating Member or Resigning Manager	
Filing Fee: Certified Copv:	\$25.00 (Required) \$30.00 (Optional)	
ссинка сору:	apolio (Optional)	