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(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Filotte #)	
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(Business Entity Name)	
(Document Number)	
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Member By

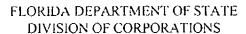
NOV 20 2018 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J & N Vista LLC	imited Liability Company)
(Name of L)	inited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:
Nancy L Papen	
(Contact Person)	
J & N Vista LLC	
(Finn/Company)	
11787 Saree Ct	
(Address)	
Seminole, FL 33778	
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Nancy L Papen	727 365-1570
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: S55 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

CR2E079 (2/14)







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 comp	any as it appears on the records of the Florida Department
of State is:	·
2. The Florida document/registration nur	nber assigned to this limited liability company is:
46-2260751 L13000037	743
	ew/resigned or will withdraw/resign is:
4. I, Steven D Papen	hereby withdraw/resign as a
(Print Name of Person Resigning)	
Manager	
(Print Title)	·
of this limited liability company and affiresignation in writing.	firm the limited liability company has been notified of my
Signature of Dissociating Member or	Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	