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J SHIVERS

## COVER LETTER

**TO:** Registration Section Division of Corporations

JJT HOSPITALITY 9, LLC SUBJECT:	;		
	imited Liability Cor	upany)	
The enclosed member, resignation or disse	ociation and fee(s	) are submitted for filing.	
Please return all correspondence concerning	ng this matter to:		
Marc R. Tiller, Esq.			
(Contact Person)		-	
The Tiller Law Group, P.A.			
(Firm/Company)		-	
15310 Amberly Drive, Suite 180			
(Address)		•	
Tampa, FL 33647			
(City/State and Zip Code)		_	
For further information concerning this ma	itter, please call;		
Marc R. Tiller, Esq.	813	972-2223	
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable   ■ \$25 Filing Fee		repartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
livision of Corporations		Division of Corporations	
Clifton Building 2661 Execution Centur Clerks		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

JJT	limited liability company as HOSPITALITY 9, LLC	it appears on the records of the I	Horida Department
2. The Florida doc L1300011050	<u> </u>	signed to this limited liability co	mpany is:
BIANC	A MIZE	gned or will withdraw/resign is:	
	ame of Person Resigning) NG MEMBER	, hereby withdraw/resign as	
	(Print Title) bility company and affirm the iting.	: limited liability company has b	15 Allo 12
Signature of Di	ssociating Member or Resign	ing Manager	AH ID: 51
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-