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COVER LETTER

Division of Corporations					
SUBJECT: All ABOUT Signs of JAX 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:					
Amber Blue (Contact Person)					
All about Signs of Jax, LLC (Firth/Company)					
12721 N. Main St. ODDA					
JAX, FL 32218 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Amber Blue at (904) 683-3157 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32					
Tallahassee, Florida 32301					

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as	it appears on the records o	f the Florida Department
of State is:	All ABOUT	Signs of JAX LL	.с
2. The Florida doct L 3000	ument/registration number of 24861	this limited liability compa	any is:
3. The date this me	mber withdrew or will withd	lraw is: /2/1/6	/3
4. I, <u>BENJA</u>	Min Nelson Jame of Person Resigning)	, hereby resign as a	mgrm
(Priņt N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
	Chill		e e
Signature of Re	esigning or Dissociating Man	nager, Member	TAL St
•			A S
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)	•	44
commed copy.	450.00 (Optional)		
			日本 30