# 113000146900

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

Office Use Only



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#### COVER LETTER

Division of Corporations		
SUBJECT: JDL Custom, LLC		
(Name o	mpany)	
The enclosed member, resignation or di	ssociation and fee(	s) are submitted for filing.
Please return all correspondence concer	ming this matter to:	
Daniel White		
(Contact Person)		_
JDL Custom, LLC		
(Firm/Company)	<del></del>	_
4731 SE 33rd ST		
(Address)	<del></del>	_
Ocala, FL 34480		
(City/State and Zip Code)		_
For further information concerning this	matter, please call:	
Daniel White	352 at (	572-0147
(Name of Contact Person)	······································	e & Daytime Telephone Number)
Enclosed please find a check made pays		•
\$25 Filing Fee	u poo riini	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)

TO: Registration Section



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2016

DANIEL WHITE 4731 SE 33RD ST OCALA, FL 34480

SUBJECT: JDL CUSTOM, LLC Ref. Number: L13000146900

We have received your document for JDL CUSTOM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being? returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00019925

10 OF 1-3 WHIP 10



### 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)

1. The name of the of State is:	- • •	t appears on the records of the Florida Department
2. The Florida docu L13000146900	•	igned to this limited liability company is:
3. The date this med 4. I, Laura W Don (Print No.	mber/manager withdrew/resig ahue ame of Person Resigning)	ned or will withdraw/resign is: 8/16/2016 , hereby withdraw/resign as a
of this limited lial resignation in wri	· - ·	limited liability company has been notified of my
_	\$25.00 (Required) \$30.00 (Optional)	16 OCT -3