114000011879

(Requestor's Name)						
(Address)						
(·······)						
(Address)						
(City/State/Zip/Phone #)						
, , , , ,						
PICK-UP WAIT MAIL						
75 Charles Fallen Name						
(Business Entity Name)						
(Document Number)						
Codified Conice Codificator of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
CPSS/ALT/MODIFICATION OF THE STATE OF THE ST						

Office Use Only



700301619327

07/24/17--01007--005 +*25.00

2017 JUN 24 PM 2: 03

SECRETARY OF STATE DIVISION OF CORPORATION

1017 JUL 24 PM 1: 3

N. CAUSSEAUX JUL 2 4 2017

COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Jargao LLC				
	(Name of Limited Liability Company)				
The enclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:			
Hugh Brow	vn				
	(Contact Person)		-		
Jargao LLO					
	(Firm/Company)		-		
1242 Sand	ler Ridge Rd				
	(Address)		-		
Tallahasse	e, FL 32317				
	(City/State and Zip Code)		-		
For further in	nformation concerning this n	natter, please call:			
Hugh Brow	<i>r</i> n	850	933 3599		
(N	lame of Contact Person)		& Daytime Telephone Number)		
Enclosed plo	ease find a check made payab g Fee		Department of State for: Fee & Certified Copy		
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

2. The Florida doc	cument/registration	number assig	ned to this limi	ted liability c	ompany is:
L140000118	79.				
3. The date this m	ember/manager w	ithdrew/resign	ed or will withd	lraw/resign is	.:
4. I. <u>Tajiana Ana</u>	acora-Brown Name of Person Resig		hereby with	draw/resign a	s a
Director	Name of Person Resig	ning)			•
	(Print Title)	·			
of this limited lice resignation in w		nd affirm the li	mited liability c	company has	been notified of my
Tayar	Special Memb	Breen	-		
Signature of L	Dissociating Memb	er or Resignin	g Manager		

Certified Copy: \$30.00 (Optional)