# L14000011992

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		4xx

Office Use Only



300267305043

12/15/14--01042--006 \*\*25.00

EILED

14 DEC 15 PH 4-44

LLC Diss/M/m/Res. 12-19-14 Dc



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2014

MIGUEL FORNARIS \*\*2nd mlg\*\*
DC 1 PRODUCT MANAGEMENT LLC
12000 BISCAYNE BLVD. SUITE 703A
NORTH MIAMI, FL 33181-2727

SUBJECT: JACK ALLYSON ENTERPRISE LLC

Ref. Number: L14000011992

We have received your document for JACK ALLYSON ENTERPRISE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The filing fee to file your document is \$25.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 314A00024648

### **COVER LETTER**

Division o	f Corporation	ons					
SUBJECT:	JACK	(Name of Limit	ENTERT		LLC		
The enclosed mer	nber, resigna	ation or dissocia	tion and fee(s)	are submit	ted for filing.		
Please return all c	orresponder	ice concerning th	nis matter to:				
MIGUEL	FOR N	JARIS Person)		-			
DCI PRO	CFirm/Co	MANACEN mpany)	15NT	-	es		
2627 NE	203YC (Addre	1 ST. SUIT	TE IWA	-			
AVENTUR	A、Fし (City/State ar	<u> 3318</u> 0 ad Zip Code)		-			
For further information concerning this matter, please call:							
Loven (Name)	of Contact Pe	rson)	at ( <u>\</u>	) <u> </u>	3-0918 Telephone Number)		
Enclosed please f  \$25 Filing Fee		made payable to	the Florida D  \$55 Filing				
STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	ion orations			Registration Division o P.O. Box 6	f Corporations		

CR2E079 (2/14)

Tallahassee, Florida 32301

.TO:

Registration Section



## 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 limited liability company as it appears o	n the re	ecords of the Flo	orida De	partm	ent
of State is: JACK AILYSON ENTERPRIE	€.	LLC			·
2. The Florida document/registration number assigned to th	is limit	ted liability com	ipany is:		
L14000011992					
3. The date this member/manager withdrew/resigned or will	l withd	raw/resign is: _	5/1	1-1	_
4. I, AUCEN LEE , hereb (Print Name of Person Resigning)	y with	draw/resign as a			
(Print Title)					
of this limited liability company and affirm the limited lia resignation in writing.	bility c	ompany has bee	en notific	ed of i	my
Quel ,		_			
Signature of Dissociating Member or Resigning Manag	ēr	•	Fin	7	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				DEC 19	<u>m</u> []
				₽₩	
			E	÷	•