Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER;

Account Number : 120050000159

: (772)231-4440

Fax Number

: (772)231-4430

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COVER LETTER

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SUBJ	ECT:	J&K 1 Palmer Enterpri	ses, LLC	3.5 74 0		
		(Name	of Limited Liabill	ty Compa	ıny)	
The e	relosed	l member, resignation or d	lissociation and	fec(s) s	re submitted fo	or filing.
Picase	return	all correspondence conce	ming this matte	r to: ,		
Kevin M. Barry			Å			
		(Contact Person)				
Ross	way S	wan Tierney Barry Lace	y & Oliver, P.	L,		
		(Firm/Company)				
2101 Indian River Blvd., Suite 200						
		(Address)		- 		2010
Vero	Beach	n, FL 32960				eacher Area
		(City/State and Zip Code)	10 May 10 /	150	
For fu	rther is	nformation concerning this	s matter, please	call;	Next 1	
Kevir	т М. В	arry	772	09.)	231-4440	္မ်ိဳး် တ
	(N	ame of Contact Person)		Code &	Daytime Telepi	none Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\subset\$ \$\\$25 \text{Filing Fee} & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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 compared of State is:	eany as it appears on the records of the Florida Departments.	ent
2. The Florida document/registration numi	nber assigned to this limited liability company is:	
3. The date this member/manager withdres 4. I. Kathleen A. Swan-Fitch	ew/resigned or will withdraw/resign is: 4-19-18	-
(Print Name of Person Resigning) Manager and Member		
(Print Title) of this limited liability company and affinesignation in writing.	firm the limited liability company has been notified of in	n y
Signature of Dissociating Member or I	Resigning Manager	
	:O·	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Ĥ	
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