

L14 000072237

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

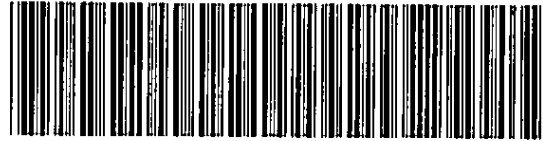
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 OCT 29 PM 5:05  
S. YOUNG

DEC 08 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JS Chesapeake Condo, LLC

L 14000072237

(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:

Richard D. Cimino

(Contact Person)

Bryant Law Office

(Firm/Company)

4851 Tamiami Trail North, Suite 300

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Cimino

239 566-1001  
at ( )

(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

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 on the records of the Florida Department of State is: JS CHESAPEAKE CONDO, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
14000072237.

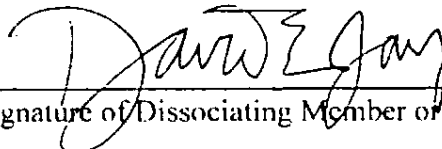
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, DAVID E. JAY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2020 OCT 29 PM 5:05  
TALLAHASSEE, FLORIDA  
CLERK OF THE DIVISION OF CORPORATIONS