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## COVER LETTER

Division of Corporations		
Jirch Master Flooring LLC SUBJECT:		
(Name of	Limited Liability (	'ompany)
The enclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter t	o:
Ronis Varela Garcia		
(Contact Person)		<del></del>
Jirch Master Flooring L.L.C		
(Firm/Company)		<del></del>
8700 Southside Blvd Apt#1415		
(Address)		<del></del>
Jacksonville, FL 32256		
(City/State and Zip Code)		<del></del>
For further information concerning this m	natter, please ca	11:
Ronis Varela García	9()4 at (	554-1203
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab ■ \$25 Filing Fee		a Department of State for: ing 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)

	e limited liability company as		·
	ument/registration number a		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	04/07/2020 gn is:
4. I, hereby withdraw/resign as a			
(Print )	vame of Person Resigning)	<u> </u>	
MGR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	ne limited liability company	has been notified of my
Signature of D	for Age is sociating Member or Resig	ning Manager	2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2020 APR 10