L14000 175592

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
PICK-UP WAIT MAIL (Business Entity Name)				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000345413830

06/10/20--01005--019 **25.00

2020 JUTE 10 (JHH: 32

Resignation

JUN 경우 2020

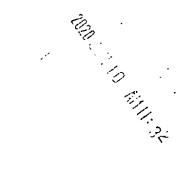
LALBRITTON

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	J. M. Dugan LLC		
	(Name of	f Limited Liability C	(ompany)
The e	nclosed member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please	e return all correspondence concerr	ning this matter to) :
Jay Du	ıgan, AMBR		
	(Contact Person)		
J. M. I	Ougan LLC		
	(Firm/Company)		_
P.O. B	ox 15358		
	(Address)		_
Clearw	vater, FL 33766		
	(City/State and Zip Code)		_
For fi	arther information concerning this r	natter, please cal	1:
Jay Du	gan	727 at (480-5611
-	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	sed please find a check made payal	ble to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

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)

1. The name of th of State is:		appears on the records of the Florida Department
2. The Florida do: L14000175592	cument/registration number assi	gned to this limited liability company is:
Phyllis Lewelly	n	ned or will withdraw/resign is: 3/06/2020
(Print AMBR	Name of Person Resigning)	
	(Print Title)	
of this limited li resignation in w		imited liability company has been notified of my
Chyll	is Lewella	
Signature of I	Dissociating Member or Resignin	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)	