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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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TALLAHASSEE, TLORIDA

'JIN - 2 2015 T CANNON

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	Jordan Property Management & Services LLC		
	(Name of I	Limited Liability Con	npany)
The enclosed	I member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Joseph A.	Jordan		
(Contact Person)		-	
Jordan Pro	perty Management & Serv	ices	
(Firm/Company)		-	
949 Mc Do	nald Street		
	(Address)		-
Waycross (GA 31501		
	(City/State and Zip Code)		-
For further in	nformation concerning this m	atter, please call:	
Joseph A.	Jordan	305	762-0860
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ase find a check made payab		Pepartment of State for: 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



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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)

	limited liability company as i an Property Management &	t appears on the records of the Florida Department Services LLC
	ment/registration number ass	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
4. I, Willie Knight	ame of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
resignation in wri	iting.	limited liability company has been notified of my
Signature of Di	2/Llie Krigh ssociating Member or Resign	ing Manager
	\$25.00 (Required) \$30.00 (Optional)	