L15000036422

. (Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nar	me)	
(Document Number)			
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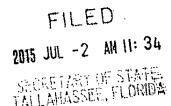
COVER LETTER

TO:

CR2E079 (2/14)

TO:	_	tration Section ion of Corporations				
SUBJE	ECT:	JMJ ENTERTAINMENT, LLC				
		(Name of Limited Liability Company)				
The er	nclosed	member, resignation or dissocia	tion and fee(s) are submitted for filing.		
Please	return	all correspondence concerning the	his matter to:			
FAY (CASE	Y				
		(Contact Person)		-		
CPA:	SOLU	TIONS, INC				
		(Firm/Company)		-		
605 E	EAST	ROBINSON STREET SUITE	4 50			
	•	(Address)		-		
ORLA	ANDO	FL 32801				
		(City/State and Zip Code)		-		
For fu	rther ir	formation concerning this matte	r, please call:			
FAY	CASE	Y	407	650-9088		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable to Fee		Department of State for: Fee & Certified Copy		
Regist Divisi Clifto 2661 I	tration ion of C n Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		





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)

The Florida document/registration number assigned to this limited liability company is: L15000036422	nent
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JONATHAN BARR 4. I, hereby withdraw/resign as a	
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a, MGRM	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	`my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	