

**L15 0000 72280**

\_\_\_\_\_  
(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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FILED  
2021 JUN -4 PM 2:35  
TALLAHASSEE, FL 32309

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M & J Florida Enterprise LLC  
\_\_\_\_\_  
(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:

Juan Jimenez

\_\_\_\_\_  
(Contact Person)

M & J Florida Enterprise LLC

\_\_\_\_\_  
(Firm/Company)

913 Silver Oak Ct

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

Orlando FL 32809

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ilusmarie Diaz

407

474 - 7446

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: M & J Florida Enterprise LLC

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

L15000072280

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/28/2021

4. I, Canas, Pablo Jose, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Title Authorized Representative  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2021 JUN -4 PM 2:35

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