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J SHIVERS

## **COVER LETTER**

Division of Corporations		
SUBJECT: J & B 2015 RENOVATIONS,	LLC	
(Name of Limi	ted Liability Co	ompany)
The enclosed member, resignation or dissocia	ition and fee(	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to	:
JOSE LUIS PEREZ BUYON		
(Contact Person)		<del></del>
J & B 2015 RENOVATIONS, LLC		
(Firm/Company)		_
3104 LANDTREE PLACE		
(Address)		_
ORLANDO, FL 32812		
(City/State and Zip Code)		<del></del>
For further information concerning this matte	r, please call	:
JOSE LUIS PEREZ BUYON	786	397-0509
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for:  ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO: Registration Section



## 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 a	as it appears on the records of the Florida Department  LLC
2. The Florida doc L1500007229	-	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I,	OMERO SUAREZ	, hereby withdraw/resign as a
(Print)	lame of Person Resigning)	So of the second
MGR		De P
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
- 20x X	des luc	
Signature of D	issociating Member or Res	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	