(Requestor's Name)			
(Address)			
(Address)			
•			
(Civ.(Centa/Tin/Ohana 40)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAI	L		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J DENNIS			
AUG 1 8 2023			

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
JP Vest LLC SUBJECT:	
(Name of	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
James Wideen	
(Contact Person)	
JR Houses LLC	
(Firm/Company)	<del></del>
3415 Riderwood Dr	
(Address)	
Ridge Manor, FL 33523	
(City/State and Zip Code)	
For further information concerning this r	matter, please call:
James Wideen	352 551-7218 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ble to the Florida Department of State for:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	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)

		as it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. I, Pamala Sue Wid	een	, hereby withdraw/resign as a
<i>(Print №</i> MGR	lame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wi		the limited liability company has been notified of my
Parala.	S Willer	
Signature of D	issociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	20

CR2E079 (2/14)

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