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| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (ON) Called Elph Holle II)              |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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## **COVER LETTER**

| TO:    | -                       | n of Corporations  |          |       |  |
|--------|-------------------------|--|----------|-------|--|
| SUBJ   | ECT:                    | VICTORIA JJ COMPANY, LLC   |          |       |  |
|        |                         | (Name of Limited Liability Company)  |          |       |  |
| The er | nclosed r               | nember, resignation or dissociation and fee(s) are submitted for filing.                                   |          |       |  |
| Please | return a                | Il correspondence concerning this matter to:   |          |       |  |
|        | Jua                     | n J. Colmenares  |          |       |  |
|        |                         | (Contact Person)   |          |       |  |
|        |                         |  |          |       |  |
|        |                         | (Firm/Company)   |          |       |  |
| 67     | oNu                     | O 166TH AVE (Address)  |          |       |  |
|        |                         | (Address)  |          |       |  |
| FER    | BROK                    | (City/State and Zip Code)  |          |       |  |
| For fu | rther info              | ormation concerning this matter, please call:  | 20 HOY   |       |  |
|        | Juan<br>(Nan            | T. Colmenares at (754) 242-5086  (Area Code & Daytime Telephone Number)                                    | 23 AM    |       |  |
|        | sed pleas<br>5 Filing I | e find a check made payable to the Florida Department of State for:  Gee   S55 Filing Fee & Certified Copy | IH 8: 28 | STATE |  |

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)

|                                | the limited liability company as VICTORIA JJ COMI | s it appears on the records of the Florida<br>PANY, LLC | Department<br> |
|--------------------------------|---|---|----------------|
| 2. The Florida d               |   | ssigned to this limited liability company               | is:            |
| 3. The date this               | member/manager withdrew/res                       | igned or will withdraw/resign is: Septer                | mber , 2020    |
| 4. I,Flor M.                   | Rodriguez   | , hereby withdraw/resign as a                           |                |
| (Prin                          | nt Name of Person Resigning)                      | , nercey witherawivesign as a                           |                |
| Mar                            | nager   |   | 50 NON 23      |
| <del></del>                    | (Print Title)                                     |   | <u> </u>       |
| of this limited resignation in | liability company and affirm th writing.          | ne limited liability company has been not               | ified of my    |
|                                | Whalf prez  |   | 8: 29          |
| Signature of                   | Dissociating Member or Resig                      | ning Manager  |                |
| Filing Fee:                    | \$25.00 (Required)                                |   |                |

Certified Copy:

\$30.00 (Optional)