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	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions	to Filing Officer:				

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COVER LETTER

SUBJECT: JTC Beef Inc. (Name of	Limited Liability Con	npany)			
·	•	•			
The enclosed member, resignation or dis	sociation and rec(s) are subilineed for filling.			
Please return all correspondence concern	ing this matter to:				
Karen C. Jones					
(Contact Person)	·····	_			
JTC Beef, Inc.					
(Firm/Company)		_			
9049 S US Hwy 129					
(Address)		_			
Trenton, Fl. 32693			⊋ (0	20	**
(City/State and Zip Code)		_		2018 A	-
For further information concerning this	natter, please call:		HA55	AUG 30	r
Karen C. Jones	352 at (493-3200	171 C	- P4	9
(Name of Contact Person)		& Daytime Telephone Num	nber)	ىي	7

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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)

1. The name of to the of State is:	C Beef Inc.	s it appears on the records of the Florida	•	
2. The Florida do	•	assigned to this limited liability company	is:	
3. The date this i	member/manager withdrew/re	signed or will withdraw/resign is:	/2018	
Carson Io	nac	hereby withdraw/resign as a	2018 13411	
(Prin	it Name of Person Resigning)		1 [7]	7
Manager			AUG 30	
	(Print Title)		<u> </u>	ان 1
of this limited resignation in	liability company and affirm twriting.	he limited liability company has been not	tified of my	200
CARO	in Jones			
Signature of	Dissociating Member or Resi	gning Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)