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C. BRUMBLEY
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## **COVER LETTER**

Division of Corporations
SUBJECT: Jakes Outdoor Solutions, LC (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:
Jacob Schatzberg (Contact Person)
Jakes Outdoor Solutions, LCC
260 Key honey Ln
Tavernier FL 33070 (City/State and Zip Code)
For further information concerning this matter, please call:
Jacob Schatzberg at (954) 621 743 (Area Code & Daytime Telephone Number)
Epclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Jakes Outdoor Solutions, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. 1. Andres R Anzolg hereby withdraw/resign as a (Print Name of Person Resigning)
MGRM (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)