(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HORNE AUG 14 ZÜLA
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08/12/24--01028--004 **55.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JBPE (Name of Limited Lie	LLC ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
OMAR CHANCH! (Contact Person)	
JBPE LLC (Firm/Company)	
1777 BLOUNT Rd S	TE 506
POMPANO BEACH FL (City/State and Zip Code)	3 <u>3069</u>
For further information concerning this matter, ple	ease call:
OMAR CHANCH; at (754) 5317393 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	Florida Department of State for: 655 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







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 Depa	rtment
of State is: JBPE LLC	·
2. The Florida document/registration number assigned to this limited liability company is:	
<u>L15000149855</u>	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{-7/19}{6}$	2024
4. I. JOHN H. BROWN, hereby withdraw/resign as a (Print Name of Person Resigning)	
MGR (Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
John Jan	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JBPE LLC (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:
OMARCHANCH (Contact Person)
JBPE LLC (Firm/Company)
1777 BLOUNT Rd STE 506 (Address)
POMPANO BEACH, FL 33069 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 5317393 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee
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

Tallahassee, FL 32314







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:	JBPE LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L15000	149855
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{7/19/2024}{}$
4. I, <u>Jo H</u> (Print N	N H. BRUWN, hereby withdraw/resign as a ame of Person Resigning)
	(Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
	M.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Commence Copy.	\$30.00 (Optioliai)