

L15000195610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300289178773

08/24/16--01007--012 **25.00

2016 AUG 24 A 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

S Warren
AUG 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMOVAL OF AUTHORIZED MEMBER

(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:

SAMANTHA VAN

(Contact Person)

MILLS LEGAL SERVICES, P.A.

(Firm/Company)

8665 STAR LEAF ROAD NORTH

(Address)

JACKSONVILLE, FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

SAMANTHA VAN at **407** **289-7985**

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 the limited liability company as it appears on the records of the Florida Department of State is: JACK'S CORNER, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000195610

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/9/16

4. I, GENAY MILLS, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Genay J Mills

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2016 AUG 24 A 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA