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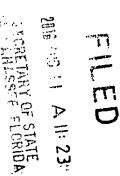
(Re	equestor's Name)			
(Address)				
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PICK-UP	WAIT	MAIL.		
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S Warren

AUG 1 2 2016

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	JGD ENTERPRISES LLC						
	(Name of Limite	ed Liability Cor	прапу)				
The er	nclosed member, resignation or dissociat	ion and fee(s	s) are submitted for filing.				
Please	Please return all correspondence concerning this matter to:						
GRA	CIELA RAMIREZ						
-	(Contact Person)		-				
	(Firm/Company)						
1704	2 NW 12 ST						
	(Address)						
PEM	BROKE PINES, FL 33028						
	(City/State and Zip Code)		···				
For further information concerning this matter, please call:							
GRA	CIELA RAMIREZ	954 at (362-5432				
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee							
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section cion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR2E079 (2/14)



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)

	limited liability company as	it appears on the records	of the Florida Department	
2. The Florida doct	ument/registration number as	ssigned to this limited lial	bility company is:	
	mber/manager withdrew/res	igned or will withdraw/re	12/22/2015 esign is:	
4. I, GRACIELA F	RAMIREZ 	, hereby withdraw/resign as a		
	ame of Person Resigning)			
AMBR				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th	e limited liability compar	ny has been notified of my	
Signature of Di	ssociating Member or Resig	ning Manager		
_	\$25.00 (Required) \$30.00 (Optional)		THE SECOND AND ADDRESS OF THE PARTY OF THE P	