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## **COVER LETTER**

TO:

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**Registration Section** 

**Division of Corporations** JSBW FRANCHISING, 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: Shyam Mundra (Contact Person) (Firm/Company) 12113 Wasatch Ct (Address) Tampa, FL (City/State and Zip Code) For further information concerning this matter, please call: Shyam Mundra (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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 a	appears on the records of the F	Florida I	Depar	tment
2. The Florida docu L1600006003	ument/registration number assig	ned to this limited liability co	mpany	is:	
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:	July 2	6, 20	16
4. I, Shyam Mundra, hereby withdraw/resign as, hereby withdraw/resign as		a			
Partner					
<u> </u>	(Print Title)				
resignation in wri	poility company and affirm the listing.  ssociating Member or Resignin		SECRET	ified of 16 AUG	•• Ma # [
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY OF STATI ASSEE, FLORI	-1 PH 2:2	To the state of th