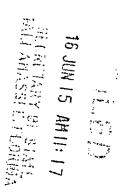
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| (Requestor's Name) | | | | |
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| Certified Copies | Certificates | s of Status | | |
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COVER LETTER

| TO: Registration Section | |
|--|---|
| Division of Corporations | |
| | |
| SUBJECT: JF Music, LLC | |
| (Name of Lim | nited Liability Company) |
| The enclosed member, resignation or dissoci | iation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| Pierre Hachar, Jr., Esq. | |
| (Contact Person) | |
| The Hachar Law Firm, P.A. | |
| (Firm/Company) | |
| 8100 Oak Lane, Suite 401 | |
| (Address) | |
| Miami Lakes, FL 33016 | |
| (City/State and Zip Code) | |
| For further information concerning this matt | er, please call: |
| Pierre Hachar, Jr., Esq. | 305 200-1308 at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable t \$25 Filing Fee | to the Florida Department of State for: \$\square\$ \$\square\$ \$\square\$ \$\text{Filing Fee & Certified Copy}\$ |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 |
| Tallahassee, Florida 32301 | 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)

| | | s it appears on the records of the | Florida Department |
|---|-----------------------------|---------------------------------------|---------------------|
| of State is: | | | · |
| 2. The Florida doc L1600006007 | - | assigned to this limited liability co | ompany is: |
| 3. The date this me | ember/manager withdrew/re | signed or will withdraw/resign is: | 6/6/2016 |
| 4. I, Michel Muniz (Print Name of Person Resigning) | | | |
| (Print N | Name of Person Resigning) | | |
| MGR | | | 16 J |
| | (Print Title) | | THE SECOND SECOND |
| of this limited lia | bility company and affirm t | he limited liability company has b | peen notified of my |
| resignation in wr | | | |
| | | | H: 17 |
| Signature of D | issociating Member or Resi | gning Manager | |
| _ | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |