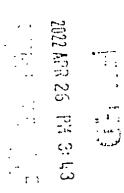
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Olson and Jones 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:
Cristopher Rapp Es
Rosenburn PLLC (Firm/Company)
250 S. Australian Ave, 5th floor (Address)
West Palm Bench FL 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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 compa	any as it appear	s on the records of the Florid	da Department
of State is:)Ison and	Jones	LLC	·
_	ment/registration num	nber assigned to	this limited liability compa	ny is:
3. The date this me	mber/manager withdre	ew/resigned or v	vill withdraw/resign is: Fel	20, 2022
4. I. Ted Print No.	Junes ame of Person Resigning) and Munas		reby withdraw/resign as a	20, 2022 APR 26
1	(Print Title)			
of this limited liab			liability company has been	notified of mg
Signature of bi	ssociating Member or	Resigning Man	ager	
•	\$25.00 (Required) \$30.00 (Optional)			