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COVER LETTER

Registration Section Division of Corporations JAYBEE LLC SUBJECT: (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: Adam C. Sabocik (Contact Person) Boyes, Farina & Matwiczyk, P.A. (Firm/Company) 3300 PGA Boulevard, Suite 600 (Address) Palm Beach Gardens, FL 33410 (City/State and Zip Code) For further information concerning this matter, please call: Adam C. Sabocik (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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	s it appears on the records of the Florid	ia Depart	ment
2. The Florida docu L16000074553	ment/registration number as	ssigned to this limited liability compar	ay is:	
3. The date this med 4. I, Ewa Sabater		rigned or will withdraw/resign is:, hereby withdraw/resign as a	9/1	6/22
(Print No	ame of Person Resigning)	, norooy windawww.corgn as a		
Manager			•	
	Print Title)			
resignation in wri	ting.	ne limited liability company has been r	otified o	f my
Signature of Dis	ssociating Member or Resig	ning Manager	<u>F</u> :	202
			<u> </u>	2022 SEP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ÄLLÄNNOSEEFEÜNN	EP 27 PM 1: 0