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06/19/24--01008--007 **25.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: FMP INVESTMENT GROU	JP, LLC.
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
VALERIA RODRIGUEZ	
(Contact Person)	
(Firm/Company)	
3785 NE 168 STREET	
(Address)	
NORTH MIAMI BEACH, FL 33160	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
VALERIA RODRIGUEZ	at (786) 208-6957
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Madian Adda	
Mailing Address: Registration Section	Street Address: 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

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)

of State is:	ent
	T
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-17-2	_
4. I, VALERIA RODRIGUEZ , hereby withdraw/resign as a (Print Name of Person Resigning)	
MANAGER (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of n resignation in writing	ny
Signature of Dissociating/Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	