## 1160000 90513

(Re	questor's Name)		
(Äddress)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

leles-



100326503911

03/26/19--01022--003 \*\*35.00

C. GOLDEN APR 26 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	
JSP SHUTTER PROFESSIONAL INS	TALLER LLC
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ce(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
YORJIS VEGA	
(Contact Person)	
JSP SHUTTER PROFESSIONAL INSTALLER LL	С
(Firm/Company)	
3608 14TH ST W LOT 16	
(Address)	
BRADENTON, FL 34205	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please c	all:
YORJIS VEGA 941	264-9778
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric \$25 Filing Fee \$55 Filing	da Department of State for: lling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RECEIVED
APR 2 5 2019

CR2E079 (2/14)



April 6, 2019

YORJIS VEGA 3608 14TH STREET W LOT 16 BRADENTON, FL 34205

SUBJECT: JSP SHUTTER PROFESSIONAL INSTALLER LLC

Ref. Number: L16000090513

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00006884

Claretha Golden Regulatory Specialist !I



FILED 2019 APR 25 AHII: 24

MALL SHASSEE, FI

## 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 company as it appears on the records of the Florida Department of State is:  JSP SHUTTER PROFESSIONAL INSTALLER LLC			
2. The Florida docum L16000090513	ent/registration number as:	signed to this limited liability company is:	
3. The date this mem	ber/manager withdrew/resi	gned or will withdraw/resign is:	
4. IYORJIS VEGA		, hereby withdraw/resign as a	
(Print Nam VP	ne of Person Resigning)		
(Pr	rint Title)		
of this limited liabil resignation in writing		limited liability company has been notified of my	
Signature of Diss	ociating Member or Resign	ing Manager	
	\$25.00 (Required) \$30.00 (Optional)		