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(Re	equestor's Name)	, ,
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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K. SALY EXAMINER

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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 l	imited liability company as	it appears on the records of the Florida Department
of State is:	JRM TRE	UÎNO LLC
2. The Florida docur	nent/registration number as	signed to this limited liability company is:
L16 000	119864	.
3. The date this men	nber/manager withdrew/resi	igned or will withdraw/resign is: 8/17/16
		, hereby withdraw/resign as a
Mana	Print Title)	
of this limited liab resignation in writ		e limited liability company has been notified of my
- Outry		
Signature of Dis	sociating Member or Resign	ning Manager
		. •
Filing Fee:	• • •	
Certified Copy:	\$30.00 (Optional)	