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SECRETARY OF STATE FALLAHASSEE, FLORE

COVER LETTER

_	stration Section		<i>‡</i>
Divis	sion of Corporations		
SUBJECT:	Jax Inspections, LLC		
	(Name of I	Limited Liability Co	inpany)
The enclosed	d member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	:
Michael B Wo	od		
	(Contact Person)		wet-
	NA		
	(Firm/Company)		_
1303 Belveder	e Ave		
	(Address)		_
Jacksonville. F	°L 32205		
	(City/State and Zip Code)		_
For further in	nformation concerning this m	atter, please call:	
Michael B Wo	od	904 at (524-0337
(N	Jame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payabl	le to the Florida !	Department of State for:
☑ \$25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
8.4 m			W. A.M.
	ng Address: stration Section		Street Address: Registration Section
	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303





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 it appears on the records of the Florida Departmen spections, LLC
	ment/registration number assigned to this limited liability company is:
Michael D Wass	mber/manager withdrew/resigned or will withdraw/resign is:
Authorized Memb	
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my ting.
	Ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)