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BUSINATION

JUL 1 2 2019 I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: JJLogix LLC (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:
Juan Garcia (Contact Person)
JJLogix LLC (Firm/Company)
12755 5W 25 TER. (Address)
Hiami FL 33175 (City/State and Zip Code)
For further information concerning this matter, please call:
Juan Garcia at (305) 801 5239 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee} \square\$ \$\\$55 \text{ Filing Fee & Certified Copy}

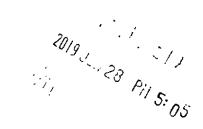
STREET/COURIER ADDRESS:

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

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	JJlogix uc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	160 001 82 158
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{\partial l}{\partial l} = \frac{\partial l}{\partial l}$
4. I, <u>Tudi</u>	hereby withdraw/resign as a lame of Person Resigning)
m	(Print tile)
resignation in wr	Lauren)
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)