## L16 000 209 731

(Requestor's Name)				
(Address)				
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City (Charles 73: a /Dharan 40)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Continue of Clabus				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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THE STATE OF

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## **COVER LETTER**

_	istration Section ision of Corporations			
SUBJECT:	JS TAKEOFF LLC			
BODULCI		ted Liability Com	npany)	
The enclose	ed member, resignation or dissocia	ation and fee(s	) are submitted for filing.	
Please retu	m all correspondence concerning t	his matter to:		
JOSEPH MIS	BHKIN			
	(Contact Person)		•	
JS TAKEOFF LLC				
	(Firm/Company)		-	
1250 E HALLANDALE BEACH BLVD, STE 706  (Address)				
HALLANDALE BEACH, FL 33009 (City/State and Zip Code)  For further information concerning this matter, please call:				
JOSEPH N	MISHKIN	at ( 954	993-4877	
	Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  [X\$25 Filing Fee				
Rep Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the limited liability company as it appear	rs on the records of the Florida Department
of State is: JS TAKEOFF LLC	
2. The Florida document/registration number assigned t	o this limited liability company is:
L16000209731	
3. The date this member/manager withdrew/resigned or	will withdraw/resign is: 01/14/2022
4. I, HEIDDY ALMEIDA , he	ereby withdraw/resign as a
(Print Name of Person Resigning)	
MEMBER	
(Print Title)	
of this limited liability company and affirm the limited resignation in writing.	d liability company has been notified of my
Signature of Dissociating Member or Resigning Ma	nager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: