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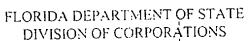
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lhyllis Jean, LLC (Name of Limited Liability Co.	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	_
Phyllis Jean LLC (Firm/Company)	
4377 Commercial Way # 134	
Soring Hill, Florida 34600 City/State and Zip Code)	<u>ρ</u>
For further information concerning this matter, please cal	1:
Crystal Silverthan at (3:52) (Name of Contact Person) (Area Contact Person)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida S55 Fili \$\omega\$ \$\$ \$25 Filing Fee	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		1
1. The name of the lim	ited liability company :	as it appears on the records of the Florida Department
of State is:	Mis Jean	LLC.
2. The Florida docume	nt/registration number	assigned to this limited liability company is:
L170000	000440	·
3. The date this memb	er/manager withdrew/re	esigned or will withdraw/resign is: 7/2717
4. I, Simunta (Print Name	of Person Resigning)	, hereby withdraw/resign as a
Ama	SR in Title)	
of this limited liabili resignation in writin		the limited liability company has been notified of my
Linas	Charles Member or Res	signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
		I