L17 00000 8697

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
	Queinase Entity Nam	0)
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

CES LLC
imited Liability Company)
ociation and fee(s) are submitted for filing.
ng this matter to:

atter, please call:
561 403-8394
(Area Code & Daytime Telephone Number)
e to the Florida Department of State for: \$\square\$ \$\s
MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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: J & M NETWORK SERVICES LI	_C
2. The Florida document/registration number assignment	gned to this limited liability company is:
L 17000008697	 '
3. The date this member/manager withdrew/resign	ned or will withdraw/resign is:
4. I, MARIAH L. CALERO	
(Print Name of Person Resigning)	
Member & Manager	2015 AUG SECRET
(Print Title)	· · · · · · · · · · · · · · · · · · ·
of this limited liability company and affirm the l resignation in writing.	imited liability company has been notified of my
De-Mille	7/26/2013
Signature of Dissociating Member or Resigning	no Manager

Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)