U80000 32497

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT	MAIL		
(Business Entity Name)			
(======================================			
(Document Number)			
Certified Copies Certificates of	Certificates of Status		
Constitution to Ellin Office	 1		
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JB/9, 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:
Sadl Augus (Contact Person)
(Firm/Company)
53 Sygw Creek Lu.
Mattoon, IL U1938 (City/State and Zip Code)
For further information concerning this matter, please call:
Tool July at (217) 549-5832 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\forall \text{ S55 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)

			NSST.	18 8
	1. The name of the	SBI9, LCC.	Florida Dépa	AH 851 27
	2. The Florida doc	ument/registration number assigned to this limited liability co	ompany is:	
nthorize	4. I, <u>Jadl</u> (Print)	ember/manager withdrew/resigned or will withdraw/resign is:	. /	18
	resignation in wr	bility company and affirm the limited liability company has b	een notified (of my
	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		