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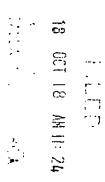
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Doublejet, LLC (Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Serge Stockert (Contact Person)	
Doublejet, LLC (Ffrm/Company)	
1012 Drift Creek Love (Address)	
Orlando, Fl 32828 (City/State and Zip Code)	
For further information concerning this matter, plea	ise call:
Serge Stockert at (3 (Name of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee \$5	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle 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)

		3
1. The name of the limited liab	oility company as it appears o	on the records of the Florida Department
		nis limited liability company is:
L180000791	61	
3. The date this member/mana	nger withdrew/resigned or wi	II withdraw/resign is: <u>10/15/20</u> 18
4.1. ARTEM JURCHE (Print Name of Person	?NKO, herel	by withdraw/resign as a
AMBR (Prim Title)		
of this limited liability compressignation in writing.	oany and affirm the limited li	ability company has been notified of my
1 Am		
Signature of Dissociating	Member or Resigning Mana	дег
· · · · · · · · · · · · · · · · · · ·	(Required) (Optional)	