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(Requestor's Name)					
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D SCOTT
JUN 1 1 2019

COVER LETTER

~	stration Section sion of Corporations		<i>:</i>		
SUBJECT:	JWR Group, LLC				
SUBJECT.	(Name of Limited Liability Company)				
The enclosed	I member, resignation or diss	sociation and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:		~2	
Robert Edv	vards		£*	د. ش	
	(Contact Person)		_	,	
			;	(.a.	
	(Firm/Company)		_	•	
P.O. Box 1	43				
	(Address)		_		
Yulee, FL 3	32041				
	(City/State and Zip Code)		_		
For further in	nformation concerning this n	natter, please call:			
Robert Edv	vards	352 at (427-7173		
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number	:г)	
Enclosed ple	ease find a check made payab g Fee		Department of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of 0	Section Corporations		Registration Section Division of Corporations		
Clifton Build	•		P.O. Box 6327		
	rive Center Circle		Tallahassee, Florida 32314		
Tallahassee,	Florida 32301				

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)

			- 7.
1. The name of the	limited liability company a	as it appears on the records of the F	lorida Department-
of State is:	R Group, LLc		2.3
2. The Florida doc	ument/registration number a	assigned to this limited liability cor	mpany is: =
L1800012925	4	·	9
3. The date this mo	ember/manager withdrew/re	esigned or will withdraw/resign is:	07/31/2018
Robert L Edwards JR			a
(Print N	lame of Person Resigning)		
AMBR			
	(Print Title)		
resignation in wr	eiting.	the limited liability company has be	een notified of my
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		