L18000129912

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(Busin	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
Certified Copies	Certificates of	Status		

Office Use Only



300368335793

09/24/21 -0:010 -0:0 4400.00







الال : ٠

COVER LETTER

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

	limited liability company as it				epartn	nent
of State is:	Jux Catering	& Events	LLC	<u></u>	· · · · · -	<u></u>
2. The Florida docu	ment/registration number assi	gned to this limited liabi	lity con	npany is	s:	
L 1800	00129912				_	
3. The date this mer	mber/manager withdrew/resign	ned or will withdraw/resi	ign is: _	x 06/	15/1	402J
4.1, <u>Sand</u>	ne of Person Resigning)	, hereby withdraw/res	ign as a	a		
	Print Title)					
of this limited hab resignation in writ	ility company and affirm the ling.	imited liability company	/ has be	en notif	ied of	mу
× 4	3				- 4	
Signature 88 Dis	sociating Member or Resignin	ng Manager	}	, 11) 1 1 4 ,		. 1 ,
	\$25.00 (Required) \$30.00 (Optional)			FIE III	=	~~~