

L18000130878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

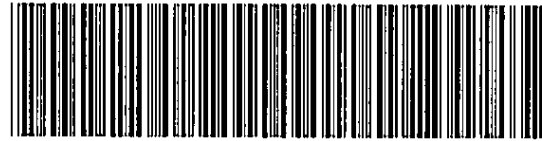
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400327959954

04/19/19--01011--009 \*\*25.00

FILED  
19 APR 19 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2019

T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JCT Completion Tools 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:

Micah Peabody

(Contact Person)

(Firm/Company)

556 Plaza Seville Ct #108

(Address)

Treasure Island, FL 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

Micah Peabody

at ( 727 ) 312-9310

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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



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: JCT Completion Tools LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000130878

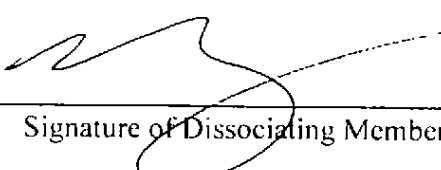
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/4/19

4. I, Micah Peabody, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
19 APR 19 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA