## 1/8000130987

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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MAY 20 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JAANIS, LLC	mited Liability Company)
(Name of Life	miled Diability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Jo-Anne Yau	<del></del>
(Contact Person)	
Masuch Law Firm	
(Firm/Company)	
125, 8838 Blackfoot Trail SE	
(Address)	
Calgary, AB T2J3J1	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Jo-Anne Yau	904 564-7800 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  ■ \$25 Filing Fee	e to the Florida Department of State for:  \$\sim\$ \$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

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)

	e limited liability company as	it appears on the records of the Florida Department
	cument/registration number as	signed to this limited liability company is:
		gned or will withdraw/resign is:  Dec. 31, 2018  Dec. 31, 2018
	Name of Person Resigning)	, hereby withdraw/resign as a
Manager 	D : T'4	
resignation in w		e limited liability company has been notified of my
Filing Ece:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	