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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SJJB Desser+5 1 C (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:
Jennifer Catherine Pelcher (Contact Person)
(Firm/Company)
8012 John Hamari deive
Wuster trader FL 3/187 (City/State and Zip Code)
For further information concerning this matter, please call:
Tenter Petron at (586) 110 35 9 (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

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)

1. The name of the of State is:		ty company as it a		ecords of the Florid	da Departi	ment
2. The Florida doct 1 8000 3. The date this me	mber/manage	r withdrew/resigne	_· d or will withdi	raw/resign is: _ <i>\$/</i>		<u>2</u> 4
	be — (Print Title) bility company	· · · · · · · · · · · · · · · · · · ·		lraw/resign as a ompany has been i	notified of	î my
Signature of Di	In <u>Illi</u> issociating Me	mber or Resigning	; Manager	-	2024 AUG 10	
Filing Fee: Certified Copy:				<i>:</i>	3 PH 4:41	