L18 000202839

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO:	Regis	stration Section		•	
	Divis	ion of Corporations			
SUBJI	ECT:	CT: J'CAM Property Management Consultants, LLC (Name of Limited Liability Company)			
The en	closec	l member, resignation or dis	ssociation and fee	e(s) are submitted for filing.	
Please	return	all correspondence concern	ning this matter to	o:	
Helen B	lorges				
		(Contact Person)		_	
J'CAM	Propert	y Management Consultants, LLC	•		
		(Firm/Company)	.		
215 Val	encia A	venue, #144794			
	·	(Address)			
Coral G	ables, F	E 33114-4794			
		(City/State and Zip Code)			
For fur	ther ir	formation concerning this i	natter, please cal	1:	
Helen B	orges		786 at (344-4673	
	(N	ame of Contact Person)		le & Daytime Telephone Number)	
Enclose	ed plea	ase find a check made payal	ble to the Florida	Department of State for:	
\$25				ng Fee & Certified Copy	
	Maitin	g Address:		Street Address:	
	Regis	tration Section		Registration Section	
		on of Corporations		Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Tallal	nassee, FL 32314		2415 N. Monroe Street, Suite 810	
				Tallahassee, FL 32303	



FILED

2021 NOV 22 AM 7: 02

SECRETARY OF STATE TALLAHASSEE, FL

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 red M Property Management Consultants, LLC	
2. The Florida doci	ument/registration number assigned to this limite	d liability company is:
L18000202839		
3. The date this me	ember/manager withdrew/resigned or will withdra	11/12/2021 nw/resign is:
Corton II. Carolin		
(Print N	Name of Person Resigning), hereby withdr	aw/resign as a
Manager		
 	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited liability coriting.	mpany has been notified of my
Carlos	assuces 7	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	