## 419000005098

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(	,	
(City/	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
FJRB Holdings, LLC SUBJECT:	
	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Timothy Felice	
(Contact Person)	
(Firm/Company)	
3 Harvard Circle	
(Address)	
West Palm Beach, FL 33409	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Timothy Felice	561 444-8822 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  \$\Boxed{\omega} \$25 \text{ Filing Fee}	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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)

	limited liability company as	s it appears on the records of	the Florida Depa	rtment
1.19000005098	iment/registration number a	assigned to this limited liabilit	ty company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resig	n is: 6/22/2022	
4. I.		, hereby withdraw/resign as a		
	ame of Person Resigning)		<del>-</del>	
Member				
	(Print Title)			
of this limited lia resignation in wr	, ,	he limited liability company l	has been notified	of`my
Signature of Di	ssociating Member or Resig	gning Manager		
	\$25.00 (Required) \$30.00 (Optional)		2022 JUN 29 PM	