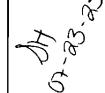
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

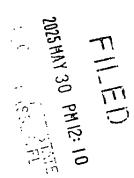
Office Use Only



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05/30/25--01014--011 **25.03



COVER LETTER

Registration Section

TO:

Division of Corporations JMAM, LLC SUBJECT: ____ (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: JOSE RAUL PEREZ GONZALEZ (Contact Person) JMAM, LLC (Firm/Company) 9711 LITTLE POND WAY (Address) **TAMPA, FL 33647** (City/State and Zip Code) For further information concerning this matter, please call: JOSE RAUL PEREZ GONZALEZ ___ at (____ (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 Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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	limited liability company as it appears on the records of the Florida Department
of State is:	M, LLC
2. The Florida docu L19000011252	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
MIGUEL A ROZ	
Authorized Memb	er
	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
	THE STATE OF THE S
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)