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COVER LETTER

* V Restoration LLC
(Name of Limited Liability Company)

Registration Section

Division of Corporations

TO:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Tracy Williams					
(Contact Person)					
Jav Restoration LLC					
(Firm/Company)					
1831 NE bi Place					
(Address)					
Ocala F2 34479					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
acy Williams at (352) 207 - 3368 (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enviosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 Filing Fee \$\sum_\$\$ \$55 Filing Fee & Certified Copy					
Mailing Address: Registration Section Street Address: Registration Section					
Registration Section Registration Section					

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



26.81 -16 FT 7: 68

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)

				ords of the Florida Departmen
of State is:	JAVR	restor	rations	LLC
			ned to this limited	I liability company is:
L19000	046238	· · · · · · · · · · · · · · · · · · ·	- ·	
3. The date this mer	mber/manager with	idrew/resigne	d or will withdra	w/resign is: <u>\/26/2019</u>
4.1. VITGIL	Burnham	(20)	_, hereby withdra	w/resign as a
Dir	ector			
(.	Print Title)	 -		
of this limited liab resignation in writ		affirm the lin	nited liability con	npany has been notified of my
Zuia	il Bursh	(<u>~)) \</u>		
Signature of D1	sociating Member	or Resigning	Manager	
Filing Fee: Certified Copy:				
1 4	, , , , , , , , , , , , , , , , , , ,	•		