## Division of Corporations Page 1 of 2 orida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003171673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP

Account Number : I20190000014

Phone : (904)660-0020 : (904)660-0029 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENTS BY AJ, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 1 6 2020

D CONNELL

Electronic Filing Menu

Corporate Filing Menu

 $\frac{\text{H20000317167 3}}{\text{DocuSign Envelope ID: B61B58D8-AB6B-4500-86DD-3EC79DB4A84C}}$ 



## 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)

Invest	limited liability company as	s it appears on the reco	rds of the Flo	orida De	partment
of State is:	ment/registration number a	ssigned to this limited	liability com	pany is:	
3. The date this men	mber/manager withdrew/res	signed or will withdrav	v/resign is:	11/2020	<u> </u>
4. l, Joshua Reynolds , hereby withdraw/resign as a (Print Name of Person Resigning)					
Authorized Memb					
·	Print Title)  pility company and affirm the ting.	ne limited liability con	ipany has bee	en notific	ed of my
Joshua Regulds	ssociating Member or Resignation	oning Manager			
Signature of Di	ssociating Member of Resig	gitting ividitages			
	\$25.00 (Required) \$30.00 (Optional)			2020	Çģ
			<u>;</u>	2020 SEP 14	Ī
CR2E079 (2/14)				P 3: 30	Ö