

L19 000066973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

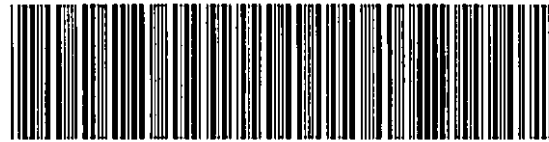
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600348856936

07/24/20--01038--027 **25.00

RECEIVED

JUL 21 2020

FILED
2020 JUL 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
AUG 31 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEDE Property LLC

(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:

David Golan

(Contact Person)

D.E.E. Management LLC

(Firm/Company)

12795 Big Bear Bluff Drive

(Address)

Delray Beach, FL 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

David Golan

516

987-5835

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 JUL 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE



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: JEDE Property LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000066973

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-13-2020

4. I, John Ficarra of Erjon LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

Registered Agent

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

John Ficarra
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2020 JUL 21 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FL