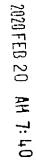
119000078608

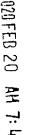
| (Requestor's Name) (Address) | 200340940 | | |
|--|------------------------|--|--|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 200340340 | | |
| (Business Entity Name) (Document Number) | 02/20/20 01622 | | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | S TALLENT MAR 1 3 2020 | | |
| Office Use Only | DSS/Kesie) | | |

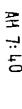


)842

012 **25.00







COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: J. D. S. Mobile Manhl (Name of Limited Liabi | Semus LLC lity Company) |
| The enclosed member, resignation or dissociation an | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this mat | eter to: |
| LIWETH RODINGUEZ (Contact Person) | |
| J. D. S. Mobile marine Se (Firm/Company) | mies |
| 34047 deer creek dr ap | 4103 |
| 7 City/State and Zip Code) | |
| For further information concerning this matter, pleas | e call: |
| (Name of Contact Person) at (Arc | a Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Floring \$25 Filing Fee \$55 | orida Department of State for: 5 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



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 | ecords of the Flo | rida Department |
|----------------------|--|-----------------------|--------------------|------------------|
| of State is: J. I | D.S. mobile | marine | servius | L.L.C. |
| 2. The Florida docu | ment/registration number | assigned to this limi | ted liability comp | pany is: |
| 1190000 | 781108 | · | | |
| | mber/manager withdrew/re | esigned or will with | draw/resign is: 👖 | 1/2019 |
| | evelrige? ume of Person Resigning) | | | |
| owner | HW bV Print Title) | | | |
| of this limited liab | pility company and affirm | the limited liability | company has bee | n notified of my |
| resignation in wri | ting. | \sim | _ | |
| Signature of Di | ssociating Member or Res | igning Manager | | |
| • | \$25.00 (Required) \$30.00 (Optional) | | | 2020 |