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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

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| | tration Section ion of Corporations | | • | 20 MR P. S. M. L. L. |
| SUBJECT: | JCM Sunbeam, LLC | | | 7 B |
| | (Name of Lim | npany) | 5 | |
| The enclosed | member, resignation or dissoci | ation and fee(s |) are submitted for filing. | |
| Please return | all correspondence concerning | this matter to: | | |
| Kenneth L. Sch | slitt | | | |
| | (Contact Person) | | - | |
| Keating & Schl | litt, P.A. | | | |
| | (Firm/Company) | | - | |
| 250 East Colon | ial Drive, Suite 300 | | | |
| | (Address) | | _ | |
| Orlando, Florid | la 32801 | | | |
| - | (City/State and Zip Code) | | - | |
| For further in | nformation concerning this matt | er, please call: | | |
| Kenneth L. Sch | olitt | 407 at (| 425-2907 | |
| (N | ame of Contact Person) | | & Daytime Telephone Number) | |
| | ase find a check made payable t g Fee | | | |
| Regis Divis P.O. I | ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303 | 10 |

· CR2E079 (2/14)



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)

| | limited liability company as it | appears on the records of the Florida Department |
|-----------------------------------------------------|------------------------------------------|---------------------------------------------------|
| 2. The Florida docs | ument/registration number assi | gned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resign | ned or will withdraw/resign is: April 20, 2020. |
| 4. 1. Corry Marett (Print Name of Person Resigning) | | |
| Member | (Print Title) | |
| of this limited lia resignation in wr | | limited liability company has been notified of my |
| Signature of D | issociating Member or Resigni | ng Manager |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | - |