## 119000 144 858

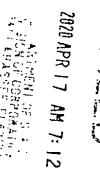
(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
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APR 2 9 2020 S. YOUNG

## **COVER LETTER**

TO: Registration			
Division of	Corporations		
	elecom L.L.C		
		f Limited Liability Co	mpany)
The enclosed memb	oer, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please return all cor	respondence concert	ning this matter to:	
Jose Hernandez			
· · ·	(Contact Person)		_
	(Firm/Company)		_
	(Fitti/Company)		
14231 SW 119 Av			
	(Address)	.,,-	_
Miami, Fl 33186			
	(City/State and Zip Code)		<del></del>
For further informa	tion concerning this	matter, please call:	
Jose Hernandez		786 at (	7012841 )
(Name of	Contact Person)	(Area Code	)
Enclosed please fin	d a check made paya	ible to the Florida I	Department of State for:
■ \$25 Filing Fee		□ \$55 Filin	g Fee & Certified Copy
Mailing Addr			Street Address:
Registration			Registration Section Division of Corporations
P.O. Box 63	Corporations 327		The Centre of Tallahassee
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 a	s it appears on the records	of the Florida Department	
of State is: JCM	TELECOM LIMITED LIABILIT	Y COMPANY		
2. The Florida doct	ument/registration number a	ssigned to this limited lial	bility company is:	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/rc	esign is:	
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as a		
Manager				
of this limited lia resignation in wr (				
·	issociating Member or Resi	gning Manager	2020 APR 1 7	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TRANSPORTER TO	