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Registration Section
Division of Corporations

TO:

SUBJECT: JUST RIGHT Ser (Name of Limited Liability Con	
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.
Please return all correspondence concerning this matter to:	
Chnistian Rivera (Contact Person)	-
Just Right Services, Le	·
1936 Cresting Oak Civ.	-
Orlando, Fl 32824 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Christian QUERA at (407 (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: 3 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 records	s of the Florida D	epartm	ent
of State is:	Just Right	Services			_ .
2. The Florida doc	ument/registration number as:	signed to this limited lial	bility company is	S :	
	00265319				
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/re	esign is: O5 1	01 2	DZI
4.1. ERIDE		. hereby withdraw/r			
Mana	Pridi Title)				
of this limited lia resignation in wr	bility company and affirm the	e limited liability compar	ny has been notif	fied of r	ny
Jodli	- Omis		GÄLL ARA	2021 JUH -	4+ *
Signature of Di	ssociating Member or Resign	ning Manager	All Asign	F -1	
Filing Fee:	\$25.00 (Required)			-	
Certified Copy:	\$30.00 (Optional)		شن ا	Ö	