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## **COVER LETTER**

T,O: Registration Section Division of Corporations	
SUBJECT: Junigan 5 u (Name of Limited	Jun Financial Services, LLC d Llability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
Brittary Wym (Contact Person)	
(Firm/Company)	
13000 Broxton Ray D	Dr. Apt 313
Jacksonville, FL 32219 (City/State and Zip Code)	<u>Š</u>
For further information concerning this matter,	please call:
Eri-Hand Warn a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida Department of State for:   \$\square\$ \$55 \text{ Filing-Fee & Certified Copy}\$\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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 rec	ords of the Flo	rida Depart	ment
of State is:	unigan s win	Financial	Services	s, LLC	<u>,</u>
	iment/registration number assi				
<u>L190</u>	00 291 907				
3. The date this me	mber/manager withdrew/resig	ned or will withdra	w/resign is:	1/22/	2020
·	ame of Person Resigning)			•	
<u>Man</u>	Rript Title)				
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability cor	mpany has beer	n notified o	f my
But	to Din			2020 0.00 7.00	
Signature of Di	ssociating Member or Resigni	ng Manager		2020 JUL 31 SEGRETAR TALLAHA	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PH I:	ED