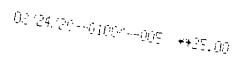
L19000293212

(Re	questor's Name)	_		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		106		

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C GOLDEN FEB 2 5 2020

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Jazbo Pair			
	(Name of	Limited Liability Co	empany)
The enclosed member	, resignation or dis	sociation and fee((s) are submitted for filing.
Please return all corre	spondence concern	ning this matter to	:
Jack Sanzeri			
	(Contact Person)	-	_
	(Firm/Company)		_
17460 East Street			
	(Address)		
Ft Myers FL 33917			
(Ci	ty/State and Zip Code)		_
For further informatio	n concerning this r	matter, please call	:
Jack Sanzeri		239 at (258-2852
(Name of Co	ontact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a	a check made naval	ble to the Florida	Department of State for:
■ \$25 Filing Fee			ng Fee & Certified Copy
Mailing Address			Street Address:
Registration S			Registration Section
Division of Co P.O. Box 6327			Division of Corporations The Centre of Tallahassee
Tallahassee, F			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

"Our 3.2



2020 FEP 21 AM 1:40

Letter Number: 020A00002827

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2020

JACK SANZERI 17460 EAST STREET FORT MYERS, FL 33917

SUBJECT: JAZBO PAINTING, LLC

Ref. Number: L19000293212

We have received your document for JAZBO PAINTING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

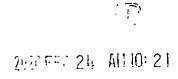
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org





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	e limited liability company as it appear	s on the records of the Florida Department
of State is:	o Painting LLC	
2. The Florida doc L19000293212	cument/registration number assigned to	this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or	will withdraw/resign is:
4. I,	Name of Person Resigning), he	reby withdraw/resign as a
Managing Memb	per	
	(Print Title)	
of this limited lia resignation in w	<i>y</i> 1	liability company has been notified of my
Signature of D	issociating Member or Resigning Mar	nager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	