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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/30/20--01016--008 **55.00

MI SEP 30 P 2-1

15/6/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J-BeeZ Services LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
John Beaty (Contact Person)
J-Beez Selvices LLC (Firm/Company)
97/25 Pirates Point Rd.
(City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Beut y at (904) 7/8-4683 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee

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 a	is it appears on the	records of the Fl	lorida I	Department
of State is:	-Beez Servi	ces LLC	·		 ,
2. The Florida docu	ment/registration number a	assigned to this lin	nited liability con	npany i	is:
L2000	0006598				
3. The date this me	mber/manager withdrew/re	signed or will with	ndraw/resign is: _	9-2	18-2020
4. I. Lames (Print No.	Blanchard ume of Person Resigning)	, hereby wit	hdraw/resign as a	ì	
	e Print Title)				
of this limited liab resignation in wri	oility company and affirm t ting.	he limited liability	company has be	en noti	fied of my
Janes	Blank				
Signature of Di	ssociating Member or Resi	gning Manager			
Filing Fee:	\$25.00 (Required)		ALC	2020	Q)
~	\$30.00 (Nequired)		3385VHN 0. ABV1	2020 SEP 30	FILE
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