120000 70642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JC Flash Spa LL (Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
April Loc (Contact Person)	_
(Firm/Company)	_
2608 Antietam Tvail (Address)	_
Tallahassee, FL 32312 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Apyil Lee at (250 (Area Code) <u>S67-4230</u> e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	Department of State for: g 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



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 of the Florida Depart	
of State is: JC Flash Spa LLC	·
2. The Florida document/registration number assigned to this limited liability company is:	
L 200000 70642	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:4/20/	<u>02</u> ()
4.1. Tanner C Womack hereby withdraw/resign as a (Print Name of Person Resigning)	
MGR (managing member). (Print Tille)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)	