L2000007Z493

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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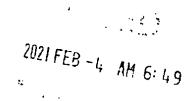
O SIMMONS MAR 1 9 2021

COVER LETTER

Division of Corporations	
SUBJECT: DIAMOND ESSENTIAIZ VV (Name of Limited Liability)	
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
MONTARRA SMITH (Contact Person)	
DIAMOND EGGENTIALZ LVC (Firm/Company)	
U507 NW Z5TH TERRACE (Address)	
GAINEGVIIIEFL, 32653	
(City/State and Zip Code) For further information concerning this matter, please ca	all:
MONTARRA SMITH at (904) (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	a Department of State for: ling 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

CR2E079 (2/14)





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 appears on the records of the Florida Department
of State is:	JAMOND ESSENTIAIZ LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L200000	72493
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is: <u>UAKUARY 1.2021</u>
4. I, <u>MONTA</u>	-
TITIE	MGR (Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Mych	- ~
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Optional)