

L20 0000 92516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/05/20--01006--008 \*\*25.00

2020 JUN -5 PM 1:39

Resignation

JUN 23 2020

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOGIN 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:

Peter Toscano  
\_\_\_\_\_  
(Contact Person)

Jogin LLC  
\_\_\_\_\_  
(Firm/Company)

8297 Champions gate suite 237  
\_\_\_\_\_  
(Address)

Davenport , Florida, 33896  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Toscano                      646                      627 4152  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

☐ \$55 Filing 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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2020-05-15 P11 1:39

**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 Department of State is: JOGIN LLC

2. The Florida document/registration number assigned to this limited liability company is:

L200000092516

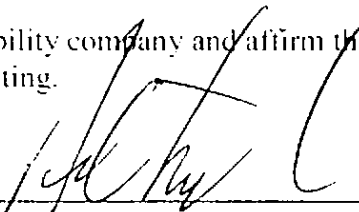
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1st may 2020

4. I, Anthony Lees, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)