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## **COVER LETTER**

TO: Registration Section Division of Corporations	
J GROUP CO., L.L.C SUBJECT:	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Steven E Jimenez	
(Contact Person)	
J GROUP CO., L.L.C	
(Firm/Company)	<del></del>
13525 Abberwick Dr	
(Address)	<del></del>
Orlando, FL 32832	
(City/State and Zip Code)	<del>-</del> ,
For further information concerning this ma	atter, please call:
Steven Jimenez	407 556 - 5328 at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	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)

	e limited liability company as	s it appears on the records of the FI	lorida Department
2. The Florida doc	ument/registration number as	ssigned to this limited liability con	npany is:
L20000117062			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	5/12/2023
Jorge Jimenez		, hereby withdraw/resign as a	a
(Print )	Name of Person Resigning)	, hereby withdraw/resign as a	
Manager (MNG)			
	(Print Title)		
of this limited lia resignation in w		ne limited liability company has be	en notified of my
Signature of D	issociating Member or Resig	ning Manager	2023 MAY 1
Filing Fee:	\$25.00 (Required)		<b>A</b> Y 2:5
Certified Conv:	\$30.00 (Optional)		<b>₩</b> 75