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R. HUNT

COVER LETTER

Division of Corporations		
J&J Elite Care Solutions SUBJECT:		:
	of Limited Liability Con	mpany)
The enclosed member, resignation or o	dissociation and fee(:	s) are submitted for filing.
Please return all correspondence conce	erning this matter to:	
Janis Manalang		
(Contact Person)		
J&J Flite Care Solutions		
(Firm/Company)		_
1732 NE 173 St		
(Address)		
North Miami Beach, FL 33162		
(City/State and Zip Code	2)	_
For further information concerning thi	s matter, please call:	
Janis Manalang	305 at (6070045
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made pay ■ \$25 Filing Fee		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

CR2E079 (2/14)

TO: Registration Section



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)

			Ì
	e limited liability company a	s it appears on the records of the Florida Dep	artment
2. The Florida doc L20000158526	cument/registration number a	assigned to this limited liability company is:	
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign is: 2/12/2021	<u> </u>
T 11 T 1		, hereby withdraw/resign as a	
MGR/Member/V			
of this limited lia	· · · · · · · · · · · · · · · · · · ·	he limited liability company has been notified	d of my
Signature de D	issociating Member or Resi	gning Manager	2021
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2021 FEB-15