

U20000268843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

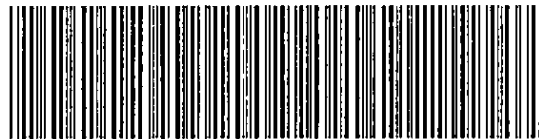
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/10/20--01002--005 **25.00

SEP 10 AM 9:29

SEP 10 PM 9:39

R WHITE

SEP 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J Valdez Investments Group 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:

Nazario Betancourt
(Contact Person)

(Firm/Company)

6405 - N 12th St
(Address)

Tampa, FL 33604
(City/State and Zip Code)

For further information concerning this matter, please call:

Nazario Betancourt at (813) 391-3359
(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



2020 SEP 10 AM 9:39

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 limited liability company as it appears on the records of the Florida Department

of State is: J VALDEZ INVESTMENT Group LLC

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

L20000268843

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 9, 2020

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

AMBR Authorized Member
(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)

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of Hillsborough }

The foregoing instrument was acknowledged before me by means of

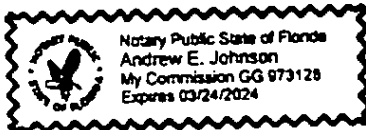
☒ Physical Presence.

— OR —

☐ Online Notarization.

this 9 day of September, 2020 by
Date Month Year

Margaret R. A.
Name of Person Acknowledging



Andrew Johnson
Signature of Notary Public State of Florida

Andrew Johnson
Name of Notary Typed, Printed or Stamped

☒ Personally known

☐ Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Manager Form

Document Date: 9/9/2020 Number of Pages: 2

Signer(s) Other Than Named Above: N/A