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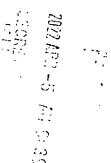
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT:(Name	Jaque Une of Limited Liability		heal Estate U.C.
(Name	of Limited Liability	y Company)	
The enclosed member, resignation or d	issociation and f	fee(s) are subm	nitted for filing.
Please return all correspondence conce	rning this matter	r to:	
JACQUELINE WALKER			
(Contact Person)			
NA			
(Firm/Company)			
1835 VIA GRANADA			
(Address)	<u> </u>	 _	
BOYNTON BEACH FL 33426			
(City/State and Zip Code)			
For further information concerning this	matter, please o	call:	
JACQUELINE WALKER	502 _ at (-345-7926)	<u> 561-903-6624</u>
(Name of Contact Person)	(Area (Code & Daytime	Telephone Number)
Enclosed please find a check made pay	able to the Flori	da Department	of State for:
■ \$25 Filing Fee		iling Fee & Ce	
Mailing Address:		Street Add	ress:
Registration Section			on Section
Division of Corporations			of Corporations
P.O. Box 6327			re of Tallahassee
Tallahassee, FL 32314			Monroe Street, Suite 810
		t attahass	ee, 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	limited liability company as it a	appears on the records of the Florida Department
of State is: Jac	iqueline Wallher	heal Estate, LLC
2. The Florida docs	ument/registration number assig	ned to this limited liability company is:
		_
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. I. ANITA FORRE		_, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	_, nereby withdraw/resign as a
MANAGER		
 -	(Print Title)	
of this limited lia resignation in wr	• •	mited liability company has been notified of my
Signature of Di	issociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	J ₇
Certified Copy:	\$30.00 (Optional)	
		~ 39