LZU 000022011

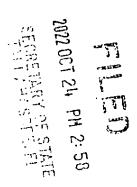
(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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10/24/22--01026--013 **25.00



COVER LETTER

то:	Registration Section Division of Corporations	٠.
SUBJ	ECT: Just keep Moving LLC. (Name of Limited Liability Con	opany)
The e	nclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to:	
	Stephanie Met couf (Contact Person)	_
	Just Veep Moving UC (Firm/Company)	_
	12717 Flatwood Creek Dr. (Address)	_
	Gibsorton, FL, 33534 (City/State and Zip Code)	
For fi	urther information concerning this matter, please call:	
	(Name of Contact Person) at (813 (Area Code	230-581do & Daytime Telephone Number)
Enclo XI \$2	osed please find a check made payable to the Florida I 25 Filing Fee \$55 Filing	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







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:	ust keep Maring LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2100	00022011
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10 19 22
4. I, Drands	ame of Person Resigning), hereby withdraw/resign as a
	Print Title)
of this limited lial resignation in wh	bility company and affirm the limited liability company has been notified of my iting.
h	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)