## 121000056709

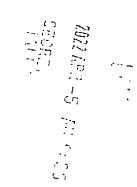
(Requestor's Name)	
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## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** JFM TECHNOLOGY HOLDINGS, LLC **SUBJECT:** (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: Farley Weiss (Contact Person) (Firm/Company) 7100 West Camino Real, Suite 302-20 (Address) Boca Raton, FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: Farley Weiss (<u>602</u>) <u>628-4664</u> (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable 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



## 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)

	limited liability company as it a		-	
2. The Florida doc L21000056709	ument/registration number assig	ned to this limited liab	oility company is:	
3. The date this me	mber/manager withdrew/resign	 ed or will withdraw/re:	sign is:	
4. I. Farley Weiss		, hereby withdraw/resign as a		
(Print )	ame of Person Resigning)		_	
Manager and Reg				
	(Print Title)			
resignation in w	Ť	mited liability compan	ny has been notified of my	
Sharle	Ver		202 ***********************************	
	ssociating Member or Resignin	g Manager	7022 AP.7 -4	
Filing Fee:	\$25.00 (Required)		9:	
Certified Copy:	\$30.00 (Optional)		<i>M</i> 9	