

L210000076053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

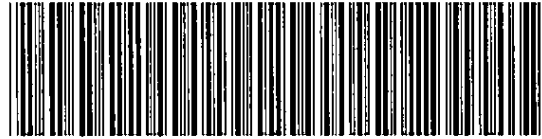
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/21--01028--017 **55.00

2021 FEB 26 PM 12:07
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J2415, 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:

PATRICK S GRIER

(Contact Person)

J2415, LLC

(Firm/Company)

PO BOX 16268

(Address)

PANAMA CITY, FL 32406

(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN GRIER

850 5960906

(Name of Contact Person)

at (_____) _____
(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

2021 FEB 26 PM 12:07

Division of Corporations
Tallahassee, FL



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: J2415, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000076053.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/24/2021

4. I, KELLIE O GRIER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER/MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Kellie O Grier

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
DIVISION OF CORPORATIONS
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