

L21 0000 76148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

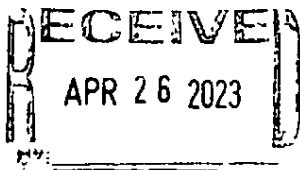
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

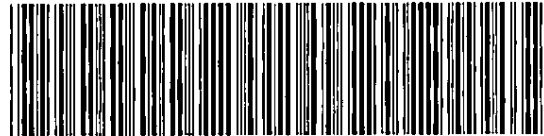
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

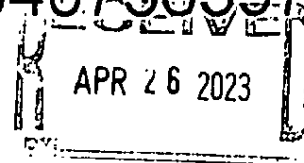
Special Instructions to Filing Officer:



Office Use Only



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04/27/23--01005--008 \*\*55.00

6/28/23  
VAP

FILED  
2023 APR 27 PM 4:09  
STATE  
OFFICE



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: Raziel Founders, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000076148

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2022

4. I, Jeff Gruen, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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)

FILED  
2023 APR 27 PM 4:09  
SECRETARY OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Raziel Founders, 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:

Jeff Gruen

(Contact Person)

JG Holdings Corp, LLC

(Firm/Company)

22 Madeline Terrace

(Address)

Spring Valley, NY 10977

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Gruen

at ( 202 ) 281-6917

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314