

L210000121389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

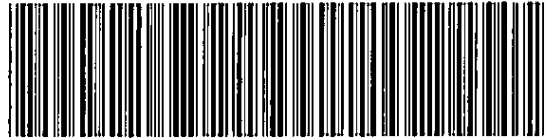
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371811442

2021 SEP 16 PM 3:59

FILED

2021 SEP 16 PM 3:33

RECEIVED

RECEIVED
FALLAHASSEE, FL 32909

Resignation

SEP 17 2021

1 ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from ACCT. #120210000160 FOR: \$ 25.00

Authorized Signature: 

JMP & JF FIT LLC L2000121389

Business Name & Document #, (if known):

☐ Walk in ☐ Pick up time
☐ Mail out ☐ Will wait
☐ Photocopy

☐ Certified Copy of ARTICLES OF ORGANIZATION

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

AMMENDMENTS

☐ Amendment
☒ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () ☐ Other
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2021

FLORIDA CAPITAL

SUBJECT: JMP & JF FIT LLC
Ref. Number: L21000121389

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

You failed to list the date of resignation in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 821A00022493

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imp & JF FIT 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:

JONATHAN FODERA

(Contact Person)

(Firm/Company)

11555 WINDSOR BAY PLACE

(Address)

WELLINGTON FL, 33449

(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN FODERA

at (631) 605-2925

(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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2011 SEP 16 PM 3:59
FILED

**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: JMP & JF FIT LLC

2. The Florida document/registration number assigned to this limited liability company is:
L2000121389

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9.16.21

4. I, JOSEPH PADULA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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