# ha1000152171

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#### **COVER LETTER**

Registration Section **Division of Corporations** J & M CONSTRUCTION OF CITRUS COUNTY, 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: GLEN C. ABBOTT (Contact Person) GLENIC, ABBOTT ATTORNEY AT LAW (Firm/Company) 9030 W. Fort Island Trail Suite 11B (Address) Crystal River, FI 34429 (City/State and Zip Code) For further information concerning this matter, please call: Glen C. Abbott (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:



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SECRETARY OF STATE 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)

2. The Florida document/registration number assigned to this limited liability company is:  L21000152171  3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. 1. MAXIMINO MARQUEZ, hereby withdraw/resign as a	ent 
4. 1. MAXIMINO MARQUEZ, hereby withdraw/resign as a	
(Print Name of Person Resigning) AUTHORIZED MEMBER	
(i tha tale)	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	ny
Signature of Dissociating Member or Resigning Manager	
Signature of Dissociating Memori of Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	