## W) 000294979

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## COVER LETTER

_	on of Corporations			
SUBJECT:	JADED MANGO LLC			
•	(Name of	Limited Liability Cor	npany)	_
The enclosed	member, resignation or dis	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concern	ning thi <sub>fe M</sub> atter to:		_ `
Maria Garcia			_	
	(Contact Person)			
Jaded Mango			_	200
	(Firm/Company)		•	13 DI
624 NW 21st S	St		_	EC 27
	(Address)			2
Wilton Manors	, FL 33311		-	2023 DEC 27 AH 10: 46
	(City/State and Zip Code)			ð
For further in	formation concerning this r	natter, please call:		
Maria Garcia		at ( 954	) 666-7696	
(Na	me of Contact Person)	(Area Code	& Daytime Telephone Number	)
Enclosed plea	se find a check made payal	ble to the Florida Γ	Department of State for:	
■ \$25 Filing	• •		g Fee & Certified Copy	
B.A I Files	- A <b>a</b> dm		Samuel Addresses	
,	g Address: tration Section		Street Address: Registration Section	
_	on of Corporations		Division of Corporations	
P.O. E	Box 6327		The Centre of Tallahassee	
Tallah	assee, FL 32314		2415 N. Monroe Street, Suit	e 810
			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)

1. The name of the	limited liability company as it appears on the records of the Florida Dep	artment
of State is: JADE	D MANGO LLC	·
2. The Florida docu	iment/registration number assigned to this limited liability company is:	
L21000294979		
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 12/14/2023	
4. 1. Nicholas Glenn (Print No.	, hereby withdraw/resign as a ume of Person Resigning)	
Manager (	Print Title)	2023
of this limited liab resignation in wri	Print Title)  wility company and affirm the limited liability company has been notified ting.	DE To 27
2/6		14 10: 140
Signature of Dis	sociating Member or Resigning Manager	94
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	