121000355841

(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:							
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Office Use Only



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COVER LETTER

TO:	_	stration Section tion of Corporations				
SUBJ	ECT:	MJP ENTERPRISES USA, LLC				
~ · · · · · ·	.,	(Name of Limited Liability Company)				
The er	nclosec	l member, resignation or diss	sociation and fe	c(s) are submitted for filing.		
Please	return	all correspondence concern	ing this matter t	to:		
Jorge N	Miller					
		(Contact Person)		 -		
		(Firm/Company)				
		(Finit/Company)				
1444 B	Biscayne	Blvd., Suite 220				
		(Address)				
Miami.	, FL 331	132				
		(City/State and Zip Code)				
For fu	rther in	nformation concerning this n	natter, please ca	dl:		
Jorge !	Miller		305 at (778-9425)		
	(N	lame of Contact Person)		ode & Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payab g Fee		a Department of State for: ling Fee & Certified Copy		
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216. Florida Statutes)

	limited liability company as	s it appears on the records	of the Florida Department
2. The Florida docu L21000355841	iment/registration number a	ssigned to this limited lial	bility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is: September 21, 2021
4. 1. Jorge Miller (Print N	ame of Person Resigning)	, hereby withdraw/r	esign as a
Manager Member			
of this limited lial resignation in wr			ny has been notified of my $\frac{SE}{T}$
	ssociating Member or Resig	gning Manager	PI SEP 2 ORETAG ALLAHA
Filing Fee: \ Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7 PH 1:5