

**L21000370239**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC  
Account Number : I20210000201  
Phone : (561)409-3106  
Fax Number : (561)952-0315

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: PRIMEINCOMETAX1@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JL INFO COMPANY LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

2023 JAN 31 4:12

2023 JAN 31 AM 11:17  
JL INFO COMPANY LLC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JL INFO COMPANY 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:

JONATAN PONCE

(Contact Person)

JL INFO COMPANY LLC

(Firm/Company)

344 SE 11TH AVE APT 12

(Address)

POMPANO BEACH, FLORIDA, 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

JONATAN PONCE

(Name of Contact Person)

at 786 314-3414

(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

**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: IL INFO COMPANY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000370239

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/12/2022

4. I, LUANE ALVES SILVA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AP - AUTHORIZED PERSON

(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)

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS