## 121 000 473 831

(Re	questor's Name)	
(Add	dress)	
	dress)	
(Adi	aress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(P.)	siness Entity Nan	201
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	RUN JMC 1 LLC		
	(Name of	Limited Liability Cor	mpany)
The enclosed	d member, resignation or diss	sociation and fee(	s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
Dan Jacobson			
	(Contact Person)		_
Daniel A. Jaco	bson, PA		
	(Firm/Company)	<del></del>	_
901 S Federal I	Highway, Suite 201		
	(Address)		_
Fort Laaderdal	e, FL 33316		
	(City/State and Zip Code)	<del></del>	<del></del>
For further in	nformation concerning this n	natter, please call:	
Dan Jacobson		954 at (	467-3191
(N	lame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple	ease find a check made payab		-
s \$25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
	ng Address:		Street Address:
_	stration Section		Registration Section
	sion of Corporations		Division of Corporations  The Centre of Tallahassee
-	Box 6327 hassec, FL 32314		2415 N. Monroe Street, Suite 810
i alla	павосс, г.с. эдэ 14		Tallahassee, FL 32303

CR2E079 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department  JMC   LLC
2. The Florida doc L21000473831	ument/registration number assigned to this limited liability company is:
Christopher Cha	ppell, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a
authorized memb	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)