

L21 000473835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

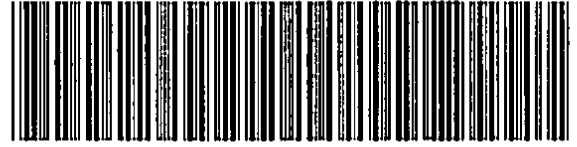
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000391836290

08/08/22--01035--015 \*\*100.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 AUG -8 AM 11:23

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RUN JMC 2 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:

Dan Jacobson

(Contact Person)

Daniel A. Jacobson, PA

(Firm/Company)

901 S Federal Highway, Suite 201

(Address)

Fort Lauderale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Jacobson

954

467-3191

at ( )

(Name of Contact Person)

(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

FILED

2022 AUG -8 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FL

## 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: RUN JMC 2 LLC
2. The Florida document/registration number assigned to this limited liability company is: L21000473835
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/2/22
4. I, Christopher Chappel, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
authorized member  
  
(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)