## 121000487067

(Re	questor's Name)	· —
•	,	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
1		

Office Use Only



500376924935

11/22/21--01023--022 \*\*25.00

2021 NOV 22 AH 7: 03
SECRETARY OF STATE

O SHAMMONS

## **COVER LETTER**

Division of Corporations
SUBJECT: Calamity Jane Investments, 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:
JESSICA C. Hall (Contact Person)
(Firm/Company)
5171 NW 77+9 Ct (Address)
POMPANO BEACH FL 33073 (City/State and Zip Code)
For further information concerning this matter, please call:
<u>JESSICA C. H. L. at (954) 6009 - 0344</u> (Name of Contact Person)  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

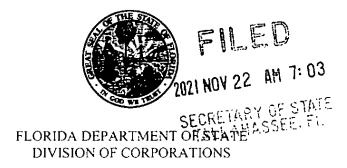
CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section



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

(Pursuant to 605.0216, Florida Statutes)

	amited liability company as it appears on the records of the Florida Department AMITY Jane INVESTMENTS, LLC
	ent/registration number assigned to this limited liability company is:
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 11 10 21
4.1. Jordan	e of Person Resigning). hereby withdraw/resign as a
Memb	er ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	ity company and affirm the limited liability company has been notified of my
resignation in writin	
Signature of Disso	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)