122000064661

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(City/State/Zip/Phone #)
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	RUN JMC 3 LLC		
	(Name of Limite	d Liability Con	npany)
The enc	losed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning th	is matter to:	
Dan Jaco	bson		
	(Contact Person)		•
Daniel A.	Jacobson, PA		
	(Firm/Company)		-
901 S Fee	deral Highway, Suite 201		
	(Address)		-
Fort Laad	lerdale, FL 33316		
	(City/State and Zip Code)		_
For furtl	her information concerning this matter,	please call:	
Dan Jacol	bson a	954 t (467-3191 _) & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	d please find a check made payable to t Filing Fee		Department of State for: 3 Fee & Certified Copy
I I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





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 it appears on the records of the Florida Department JMC 3 LLC
2. The Florida doc L22000064661	iment/registration number assigned to this limited liability company is:
Chairman Lan Cha	mber/manager withdrew/resigned or will withdraw/resign is: 8222 opell, hereby withdraw/resign as a large of Person Resigning)
authorized memb	
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)