K22000098110

Office Use Only



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2022 HAR 22 AM 8: 25 SEGRED AN SIF STATE TALLALASSEF EN

4/1/2022

COVER LETTER

	egistration Section		•
D	Division of Corporations		
SUBJEC			
	(Name of Limit	ed Liability Co	mpany)
The enclo	osed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please re	turn all correspondence concerning the	nis matter to:	
Zachary T	ombley		
	(Contact Person)		_
Florida Av	ve 1309 LLC		
	(Firm/Company)		_
7750 Okee	echobee Blvd Suite 4-350		
	(Address)		_
West Palm	1 Beach, FL 33411		
	(City/State and Zip Code)		_
For furth	er information concerning this matter	r, please call:	
Zachary T	ombley	757 at (234-1949)
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed	l please find a check made payable to	the Florida I	Department of State for:
	iling Fee		g Fee & Certified Copy
_	<u>failing Address:</u> Legistration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee
	allahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)



FILED

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SECREMAN OF STATE TALLAMASSEE, FL

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 JDA AVE 1309 LLC
of State is:	
2. The Florida docu L22000098110	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Zachary Tombles (Print N	, hereby withdraw/resign as a ame of Person Resigning)
Manager	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
_ 7-2	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)