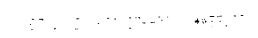
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(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
J Spoon Enterprises SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to:
Jamaal D Weatherspoon	
(Contact Person)	
Peregrine Consultants, Inc.	SECRETARILY STATES OF THE SECRETARIES OF THE SECRET
(Firm/Company)	
28 SW 13th Ave	
(Address)	
Delray Beach, FL 33444	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Jamaal D Weatherspoon a	561 860-1258 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\Boxed{\Boxes}\$ \$\\$25 \text{Filing Fee}\$	the Florida Department of State for: \$\sum_\$ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

I. The name of the limit	ed liability company as it a	ppears on the records of the	e Florida Depagment
J Spoon Ente of State is:	erprises, LLC	4444	ECR JE
		ned to this limited liability	
L22000194444		<u>_</u> .	第二 王
3. The date this member	/manager withdrew/resigno	ed or will withdraw/resign i	s: 05/31/2024; 55
4. I	<u></u>	_, hereby withdraw/resign	as a
(Print Name 0 _j	f Person Resigning)		
AMBR			
(Print	Title)		
of this limited liability resignation in writing.	company and affirm the li	mited liability company has	been notified of my
Mill			
Signature of Dissoci	ating Member or Resigning	g Manager	
Filing Fee: \$2	25.00 (Required)		
Carrified Conv. Si	SO OO (Optional)		