L22000258438

(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



300413816893

08/16/23--01010--022 +*25.00

FILED
2023 AUG 16 PH 12: 55

COVER LETTER

Division of Corporations		
Jerk 360 LLC SUBJECT:		
	Limited Liability Co	ompany)
The enclosed member, resignation or diss	ociation and fee((s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	:
Cristopher Reid		
(Contact Person)		
Jerk 360 LLC		
(Firm/Company)		
10670 Biscayne Blvd		
(Address)		
Jacksonville Florida 32218		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call	:
Christopher Reid	904 at (729-1002
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payab ☐ \$25 Filing Fee		Department of State for: ng 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

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 a:	s it appears on the record	s of the Florida	a Depa	rtment
	ument/registration number a	ssigned to this limited lia	ability compan	y is:	
CRECORY PEL	ember/manager withdrew/res SEY Same of Person Resigning)	-	_	28, 202	
	(Print Title) bility company and affirm thing.	he limited liability compa	any has been no	otified	of my
Signature of D	Pulsasissociating Member or Resig	gning Manager	TÄLLAHASS	2023 AUG 16	T:
_	\$25.00 (Required) \$30.00 (Optional)		SEE, FLORIO	6 PH I2: 5	