122000329599

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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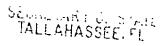
TO: Registration Section Division of Corporations	
J & M CONSULTING ENTERPRISE, L SUBJECT:	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
(Contact Person) (Firm/Company)	
16011 CALDERA Ln #16011	
(Address)	
NAPLES FL 34110-2830	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
MIGUEL OSORIO	347 9354040
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	he Florida Department of State for: \$55 Filing 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)



FILED 2022 AUG 11 AM 8: 21

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 4 CONSULTING ENTERPRISE, LLC
2. The Florida doc L22000329599	ument/registration number assigned to this limited liability company is:
MICHEL OSOR	mber/manager withdrew/resigned or will withdraw/resign is: 08/03/2022
MANAGER	lame of Person Resigning) (Print Title)
resignation in yr	bility company and affirm the limited liability company has been notified of my iling. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)