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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VAN WINKLE & SAMS, P.A.

Account Number : 120030000032 : (941)923-1685 Fax Number : (941)923-0174

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COVER LETTER

	stration Section sion of Corporations		
DIVI	sion of Corporations		
SUBJECT:	JADE FLANAGAN ELC		
	(Name of Limit	ed Liability Co	mpany)
The enclosed	d member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return	all correspondence concerning to	his matter to:	
Laurie B. Sam	s, Esq.		
	(Contact Person)		_
Van Winkle &	Sams, PA		
	(Firm/Company)		_
3859 Bee Ridg	ge Road, Suite 202		
	(Address)		_
Sarasota, FL 3-	4233		
<u> </u>	(City/State and Zip Code)		_
For further in	nformation concerning this matter	, please call:	
Laurie B. Sams	s, Esq.	941 at (923-1685
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: Stration Section sion of Corporations Box 6327 hassee, 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)

CR2E079 (2/14)

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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)

2. The Florida doc L22000343647	ument/registration number ass	igned to this limited liabili	ity company	' is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resig	on is: 12/13	3/2024
lerome August		, hereby withdraw/resign as a		
Member	, ,			
	(Prim Tule)			
of this limited lia resignation in we	bility company and affirm the iting.	limited liability company	has been no	tified of my
a con	The state of the s			9 11.7
Signature of D	issociating Member or Resigni	ng Manager	•	12:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			