122000378439

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Division of Corporations	
Java Enterprises, LLC SUBJECT:	
	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Tiffany Scott	
(Contact Person)	
	
(Firm/Company)	
710 Old Bryant	
(Address)	
Moore, OK 73160	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Tiffany Scott	503 481-8506 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$\Bigsire\$ \$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



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 records of the Flo	orida Depart	tmeni
2. The Florida docu L22000378439	iment/registration number a	ssigned to this limited liability com	pany is:	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: No	ovember 7,20	22
4. I, James Maxwell		, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)			
Manager				
(Print Title)			
of this limited lial resignation in wr	· ·	he limited liability company has bee	n notified o	of my
	1			
Signature of Di	ssociating Member or Resig	gning Manager	:	20
				2022 (10)
	\$25.00 (Required)		•	ů,
Certified Copy:	\$30.00 (Optional)			5
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