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(Re	equestor's Name)	
(Ac	ddress)	<u>,,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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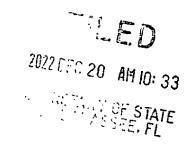
COVER LETTER

J & M Holdings REIT, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James Marcellino (Contact Person) (Firm/Company) 9199 Balsamo Drive (Address) Palm Beach Gardens, FL 33412 (City/State and Zip Code) For further information concerning this matter, please call: James Marcellino at (954) 254-4734 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: X \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section Division of Corporations





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)

1. The name of the	limited liability company a	as it appears on the records of the Florida Department	
of State is:	J & M Holdings REIT, LLC		
2. The Florida docu	ment/registration number a	assigned to this limited liability company is:	
L;	22000387749		
3. The date this mea	mber/manager withdrew/re	signed or will withdraw/resign is:11/10/49	
™. ! ,	Michael Marcellino ame of Person Resigning)	, hereby withdraw/resign as a	
-	aging Member (Print Title)		
of this limited liab resignation in wri		he limited liability company has been notified of my	
Midz	ul Marcellica		
Signature of Dis	ssociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		