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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Toomuch Tamicstuff (Name of Limited Liability)	
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Jamiel Schlegel (Contact Person)	
Toomuchjamustuff LCC (Firm/Company)	
756 John Adams Lane	2021: H SECT TA
J. Mulbarne FL 32964 (City/State and Zip Code)	2021 HAR 22 P SECRETARY STALLAHAS
For further information concerning this matter, please ca	117 9990 FEE TO
Name of Contact Person) at (321) (Name of Contact Person)	312 8990 mg ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 li	mited liability company as it appears on the records of the Florida Department
of State is: 101	much Jamiestuff LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 31842024
4.1. Jamieli (Print Nan	ber/manager withdrew/resigned or will withdraw/resign is: 3/1842024 SCH COX hereby withdraw/resign as a Resigning) hereby withdraw/resign as a Resigning)
Owner	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my
James	Schlege
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)