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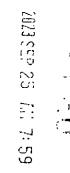
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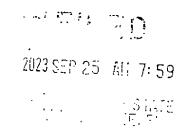
TO: Registration Section **Division of Corporations** M & J LEHIGH BUILDERS, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JONATHAN JIMINEZ (Contact Person) (Firm/Company) 321 COLOMBUS CIRCLE (Address) LEHIGH ACRES, FL 33936 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) JONATHAN JIMINEZ (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$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)

	e limited liability company as it appears on the records of the Florida Department & J LEHIGH BUILDERS, LLC
	cument/registration number assigned to this limited liability company is:
MUSA M. ZA	tember/manager withdrew/resigned or will withdraw/resign is: 09/21/2023
4. I,	Name of Person Resigning) , hereby withdraw/resign as a
MEMBER/MAN	
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
AW	of Zun
Signature of D	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)