L23000052388

(Requestor's Name)	
(Address)	_ .
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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Office Use Only	



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12/08/23--01017--013 **55.00



COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: JP Marine LLC	
	of Limited Liability Company)
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to:
Josue Gomez	
(Contact Person)	
JP Marine LLC	
(Firm/Company)	
8329 NW 68th St	
(Address)	
Miami, Florida 33166	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Josue Gomez	at (786) 2033290
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
M 21 A I A	Canada Addinana
Mailing Address: Registration Section	Street Address: 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



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 as it app	ears on the records of the	ne Florida Department
of State is: JP Ma	rine LLC		
2. The Florida docu	ment/registration number assigne	d to this limited liability	company is:
L23000052388			
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign	is: 12/05/2023
4. I, Raquel Solis (Print N	ame of Person Resigning)	hereby withdraw/resign	ı as a
Manager	Print Title)		
of this limited lial resignation in wr	oility company and affirm the limi	ted liability company ha	
ne de			2023 DEC
Signature of Di	ssociating Member or Resigning N	/anager	0
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		17. F