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SECRETARY OF STATE

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COVER LETTER

SUBJECT: JSI MANAGING GROUP, LLC (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:	
JOVANY DELGADO	
(Contact Person)	
(Firm/Company)	
15020 SUNSTAR WAY	
(Address)	
WINTER GARDEN, FL 34787	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JOVANY DELGADO 954 59- at ()	4-7224
(Name of Contact Person) (Area Code & D	aytime Telephone Number)
Enclosed please find a check made payable to the Florida Depar ☐ \$25 Filing Fee ☐ \$55 Filing Fee	rtment of State for: & Certified Copy
	et Address: distration Section
Division of Corporations P.O. Box 6327 The Tallahassee, FL 32314 241	ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303

CR2E079 (2/14)



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 of State is: JSI MANAGING GROUP, LLC	y as it appears on the records of the Florida Department
2. The Florida document/registration number L23000212991	er assigned to this limited liability company is:
SULFIKA L DELGADO	/resigned or will withdraw/resign is: 06/05/2023
(Print Name of Person Resigning) AUTHORIZED PERSON (Print Title)	_·
of this limited liability company and affirm resignation in writing.	n the limited liability company has been notified of my
Signature of Dissociating Member or Reservices Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	SECRETARY OF STAIL AHASSEE, FL