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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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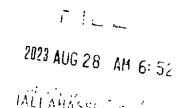
08/28/23--01007--017 **25.00

COVER LETTER

~	sistration Section ision of Corporations	•
SUBJECT	: JM Home Realty (Name of Ri	LLC nited Liability Company)
The enclose	ed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	this matter to:
Kerish	a Mcdorald (Contact Person)	
JM Hor	ne Realty LLC (Firm/Company)	
<u> 3672 C</u>	Upress Ave (Address)	
Mims	F 32754 (City/State and Zip Code)	
For further	information concerning this mat	ter, please call:
Jimmy J	Medonald Name of Contact Person)	_ at (321) 806-9182_ (Area Code & Daytime Telephone Number)
Enclosed p \$25 Filin		to the Florida Department of State for: S55 Filing Fee & Certified Copy
Reg Div P.O	ling Address: gistration Section vision of Corporations b. Box 6327 lahassee, 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: <u>JM</u>	1 Home Pealty LLC
2. The Florida doci	ament/registration number assigned to this limited liability company is:
L230023	37971
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: (8/22/23
4. 1. Kerista (Print N	Mc down designing), hereby withdraw/resign as a
Title Mo	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Kushal	Ssociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
~	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)