L2300396219

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COVER LETTER .

TO: Registration Section Division of Corporations	
INVEST WITH J LLC	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
JAIRO RODRIGUEZ	
(Contact Person)	202 SE
INVEST WITH J LLC	3 SEP TALL
(Firm/Company)	25
20201 SW 130th COURT	PH 2
(Address)	—————————————————————————————————————
MIAMLEL. 33177	· F. O
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
JAIRO RODRIGUEZ 78	36 280-6025
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ■ \$25 Filing Fee □ \$3	Florida Department of State for: 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

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 as it appears on the records of	of the Florida Depa	artment
of State is:	ST WITH J LLC	U)	201
2. The Florida docu L23000396219	ument/registration number assigned to this limited liabi	lity company is:	3 SEP 25
JAHAZIEL ROD	mber/manager withdrew/resigned or will withdraw/res ORIGUEZ . hereby withdraw/res	-11.7.	94 2: HG
AMBR	, hereby withdraw/res		1
	(Print Title) bility company and aftern the limited liability company iting.	y has been notified	l of my
Signature of Di	ssociating Member or Resigning Manager		
	\$25.00 (Required) \$30.00 (Optional)		