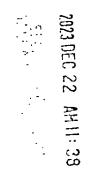


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 11.00110
J.M.IIS





12/22/18--01010--002 **35.00



COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: DRJ1 Services (Name of Limited	, LLC I Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Dewayne Jones (Contact Person)	
DR51 Services, LLC (Firm/Company)	
4568 Bell Ln (Address)	
Milton, Plarida 32571 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Dewayne Jones a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t ☐ \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 li	imited liability company	y as it appears on the re	ecords of the Florida Depart	ment
of State is: DR	J1 Services, LL	C	···	
2. The Florida docum	nent/registration numbe	er assigned to this limite	ed liability company is:	
L230005	38451	·		
3. The date this mem	nber/manager withdrew/	resigned or will withdr	raw/resign is: 12/20/2	<u>3</u>
4. I, Jimmy (Print Nat	Junes me of Person Resigning)	, hereby withd	iraw/resign as a	
MGR	Print Title)	_•	2023 DE	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of this limited liabi resignation in writi	• •	n the limited liability co	ompany has been notified of	i iji
	Q		- 38	ر مسر. المحمد
Signature Diss	sociating Member or Re	signing Manager	- c	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			