

L23 000 542 996

W

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

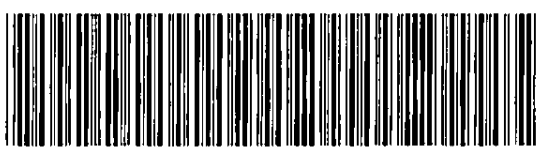
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



200424212382

12/20/24--00000--003 \*\*05.00

FILED  
2024 FEB 20 PM 5:58  
STON. APT. 10, 201E  
TALL. PASSPORT, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JATS PADS 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:

Jillian Embro

(Contact Person)

JATS PADS LLC

(Firm/Company)

9033 Lake Coventry Ct

(Address)

Gotha, FL 34734

(City/State and Zip Code)

For further information concerning this matter, please call:

Jillian Embro

407 222-1016

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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: JATS PADS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000542996

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2024

4. I, Toure Quinones, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2024 FEB 20 PM 5:58  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL