

L24000027532

(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



400447441714

03/27/25--01013--010 **55.00

2025 MAR 27 AM 11:35
RECEIVED
TALLAHASSEE, FLORIDA

FILED

4-2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMJV VENTURES 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:

MOLINA, ALBERTO J

(Contact Person)

(Firm/Company)

30342 ELDERWOOD DR

(Address)

WESLEY CHAPEL, FL 33543

(City/State and Zip Code)

For further information concerning this matter, please call:

MOLINA, ALBERTO J at (786) 4517385
(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

FILED
2025 MAR 27 AM 11:35
SECRET
TALLAHASSEE, FL



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: AMJV VENTURES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L24000027532

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2025

4. I, JUAN ANDRES VILLASMIL VILLASMIL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

Juan Andres Villasmil

Signature of Dissociating Member or Resigning Manager

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

3/18/2025

FILED
2025 MAR 27 AM 11:35
SECRET
TALLAHASSEE, FLORIDA

eSignature - Certificate of Completion

Document id: J596M468
Signatures: 1
Initials: 0
Requested by: Customer Service Wave Tax (info@wavetax.us)
Requestor IP address: 108.190.242.60
Time zone: UTC
Document pages: 2

Signers

Signer:	Juan Andres Villasmil juan_villasmil19@live.com	Signature Juan Andres Villasmil <i>Juan Andres Villasmil</i>
Signer id:	955NLQ4	
IP address:	172.58.129.176	
User id:	M5DTPH8FS	
Timestamp:	Sent - 03/18/2025 01:47 PM Opened - 03/18/2025 01:56 PM Signed - 03/18/2025 01:59 PM	