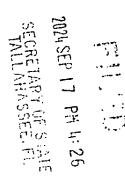


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





0.607.24--01094--307 **39.00



COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Ken Jones Real Estate LLC		
(Name of Limited	Liability Com	ipany)
The enclosed member, resignation or dissociation	on and fec(s)) are submitted for filing.
Please return all correspondence concerning this	s matter to:	
Kenneth Jones		
(Contact Person)		2
Ken Jones Real Estate LLC		2024 SEP 17 PK 4: 26 SECRETARY OF STATE SECRETARY SEE. FL
(Firn/Company)		P I
5100 West Highway 40, Suite 600		HSEP 17 PK HECRETARY OF STALLAHASSEE
(Address)		Mo F
Ocala, Florida 34482		26
(City/State and Zip Code)		-
For further information concerning this matter,	please call:	
Kenneth Jones	352 t (804-4374
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		epartment of State for: 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	ı Departmen	ıŧ
	ones Real Estate LLC	124 S	ę,
2. The Florida docu L2400105692	ument/registration number assigned to this limited liability compan	y is I	- 1
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 1. Soy And, hereby withdraw/resign as a	2024 7 7	نی
4. I, <u>Chary</u> (Print N	E. Soy And, hereby withdraw/resign as a lame of Person Resigning)		
AMBR	(Print Title)		
of this limited lial resignation in wr	bility company and affirm the limited liability company has been no iting.	otified of my	,
Chary	issociating Member or Resigning Manager		
Signature of Di	issociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
commed copy.	asolvo (Optionar)		