

L24000 230402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

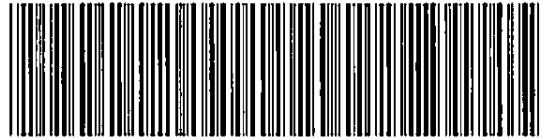
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 29 2024

Office Use Only



700432961547

07/19/24--01019--006 **55.00

2024 JUL 19 07:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAIME M SOLUTIONS 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:

Jaime Medina
(Contact Person)

(Firm/Company)

150 High Ridge Drive
(Address)

Davenport, FL 33837
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaime Medina at (939) 231-6895
(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

2024 JUL 15 11:55

**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: JAIME M SOLUTIONS LLC

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

L240000230402

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-15-24

4. I, Jose A. Ramos III, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member (AMB)
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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