## 2400024698

| (Red                      | questor's Name)  |           |
|---------------------------|------------------|-----------|
| (Add                      | iress)           |           |
| (Add                      | fress)           |           |
| (City                     | /State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nan | ne)       |
| (Doc                      | cument Number)   |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
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AUG 14 = S. PRATHER



July 18, 2024

JUANC4 LLC JACKSON S EDGINGTON 5512 DINAH LANE SARASOTA, FL 34231

SUBJECT: JUANC4 LLC Ref. Number: L24000246988

We have received your document for JUANC4 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

H AUG 0 6 2024

Letter Number: 024A00015785

## **COVER LETTER**

| Division of Corporations  |   |
|---|---|
| SUBJECT: JUANCA LLC (Name of Limited Liability Company)   |   |
| The enclosed member, resignation or dissociation and fee(s) are submit                          | ted for filing.   |
| Please return all correspondence concerning this matter to:                                     |   |
| Laura Edgination<br>(Contact Person)  |   |
| Juan C4 LLC (Firm/Company)  |   |
| 5512 Dinal lane (Address)   |   |
| Sarabota FL 34231 (City/State and Zip Code)   |   |
| For further information concerning this matter, please call:                                    |   |
| Laura Edgington at (941) 685.  (Name of Contact Person) (Area Code & Daytime T                  | -7463<br>'elephone Number)                                    |
| Enclosed please find a check made payable to the Florida Department o  ☐ \$25 Filing Fee & Cert |   |
| P.O. Box 6327 The Centre  | n Section Corporations of Tallahassee onroe Street, Suite 810 |

TO: Registration Section



## 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 r   | ecords of the Florid | a Depart    | ment         |
|---|--|-----------------------|----------------------|-------------|--------------|
| of State is:                              | IANC4 LLC                                |                       |                      |             | _ <b>_</b> . |
| 2. The Florida docu                       | ument/registration number as             | signed to this limit  | ted liability compan | y is:       |              |
| L240002                                   | 16988                                    |                       |                      |             |              |
|   | mber/manager withdrew/res                |                       |                      | 31-2        | -024         |
| 4. I, TRCKSON<br>(Print N                 | S EDG TN GTON  Jame of Person Resigning) | , hereby with         | lraw/resign as a     |             |              |
| MANAGE                                    | (Print Title)                            |                       |                      |             |              |
| of this limited lial<br>resignation in wr | bility company and affirm th             | e limited liability c | ompany has been n    | otified o   | f my         |
| JB  |  |                       |                      |             |              |
| Signature of Di                           | ssociating Member or Resig               | ning Manager          | <del></del>          | 2.          | 25           |
|   |  |                       |                      | ;=          | 2024 A 16    |
| Filing Fee:                               | \$25.00 (Required)                       |                       |                      | · :         | - 1<br>하     |
| Certified Copy:                           | \$30.00 (Optional)                       |                       |                      | 100         | 5            |
|   |  |                       |                      |             | <u> </u>     |
|   |  |                       |                      | دي-<br>ايت. | ت.           |