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(R	equestor's Name)	
(A	ddress)	
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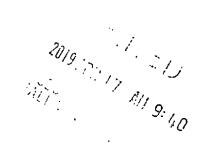
APR 2.7 2019
I ALBRITTON

COVER LETTER

TO: Regination Divis	stration Section sion of Corporations		
SUBJECT:	J&H Grove Holdings, LC		
	(Name of Lin	nited Liability Co	ompany)
The enclosed	l member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return	all correspondence concerning	this matter to	:
Jack M Ber	ry, III		
	(Contact Person)		
J&H Grove	Holdings, LC		
	(Firm/Company)		_
PO Box 725	;		
	(Address)	<u> </u>	_
Windermere	e, FL 34786-0725		
	(City/State and Zip Code)		_
For further in	formation concerning this matte	er, please call:	
Kathy McDa	niel	407 at (488-8276
(Na	me of Contact Person)		& Daytime Telephone Number)
Enclosed please \$25 Filing	se find a check made payable to Fee	the Florida D \$55 Filing	Department of State for: Fee & Certified Copy
Registration Security Division of Co Clifton Buildin	orporations ng e Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





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 of State is:	e limited liability company as it appears on the records of the Florida Department H Grove Holdings, LC
	ument/registration number assigned to this limited liability company is:
Jack M Berr	bember/manager withdrew/resigned or will withdraw/resign is: y, Jr, hereby withdraw/resign as a same of Person Resigning)
Manager	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	\$25.00 (Required) \$30.00 (Optional)