

M1500000 4602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

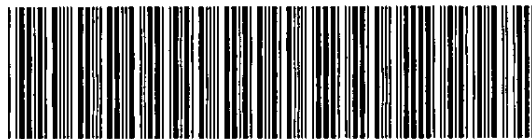
(Business Entity Name)

(Document Number)

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16 APR 28 PM 5:49
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2016
J. HARRIS

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DATE: 4/28/16

NAME: JCM PJ MIAMI, LLC

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCM PJ Miami, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary F. Joyal

(Name of Person)

Joyal Capital Management

(Firm/Company)

50 Resnik Road, Suite 104

(Address)

Plymouth, MA 02360

(City/State and Zip Code)

For further information concerning this matter, please call:

Becky Greene

(Name of Person)

at (508) 747-2237

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JCM PJ Miami, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

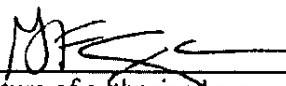
June 16, 2015

(Date registered with Florida Department of State)

M15000004602

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Gary F. Joyal

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
16 APR 28 AM 9:20
CLERK OF STATE
TALLAHASSEE, FLORIDA