

A13000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

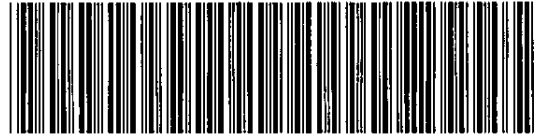
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLJ Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 13 000000 303

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jonathan Chan
Contact Person

Firm/Company

2015 Sheppard Ave East, Unit #3506
Address

Toronto, Ontario, M2J 0B3
City, State and Zip Code

mr_jonathanchan@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Chan at (647) 201-2366
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

In corp Services, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for CLJC Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

A13000000303
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

[Handwritten Signature]
Signature of Registered Agent

If signing on behalf of an entity:

Natalie Beles on behalf of Incorp Services, Inc
Typed or Printed Name

Authorized Representative
Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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