201000124584

(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:
A. LUNT
MAY 12 2010

EXAMINER

Office Use Only



400180616694

05/10/10--01030--004 **55.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: 5J, Limited Liability Company

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ginell Jackson

(Contact Person)

5J, Limited Liability Company

(Firm/Company)

3411E. Fern Street

(Address)

Tampa, FL 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

Ginell Jackson

at (813 \ 404-8806



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as imited Liability Com		of the Flor	ida Dep	2010	
2. This limited liabil Florida	ity company was organized	under the laws of:		RETARY OF STA	HAY 10 PH 1:	
3. The Florida docur	ment/registration number of 584	this limited liability com	npany is:	ATE RIDA	. 95	
_{4. I,} Frank L. Ja	ckson, Jr	, hereby resign as a	Managi	ng Me	ember	
(Print Nat	me of Person Resigning)		(Prin	ıt Title)		
resignation in writ	ility company and affirm the ing.	limited liability compar	ny has been	notifie	d of my	
	ning Member, Managing M	ember or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					