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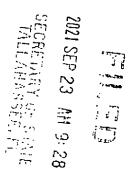
(Requestor's Name)		
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: CDJSQUARED LLC	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this i	matter to:
John K. Carter, Esq.	
(Contact Person)	
John K. Carter Law, P.A.	
(Firm/Company)	
9500 Koger Blvd. #112	
(Address)	
St. Petersburg, FL 33702	
(City/State and Zip Code)	-
For further information concerning this matter, pla	ease call:
	727 456-8970
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee □ 5	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Talłahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as it appears on t	
2. The Florida docu 1.20000372252	ment/registration number assigned to this	limited liability company is:
DAMID INVORA	mber/manager withdrew/resigned or will w	-
Authorized Memb	., hereby v me of Person Resigning) er, Chief Financial Officer	2021 SEP 23 SECRITAIN APPAS
of this limited lial resignation in wri	Print Title) oility company and affirm the limited liabil ting.	ity company has been notified of my
,	Ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	<u> </u>