

LD10000000484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LD1-484

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700104914657

06/28/07--01033--013 **35.00

FILED
07 JUL 18 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2007

JOSE S. MACHADO
1521 SW 58 STREET
CAPE CORAL, FL 33914

SUBJECT: MJM ENTERPRISES, L.C.
Ref. Number: L01000000484

We have received your document for MJM ENTERPRISES, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 707A00042355

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJM ENTERPRISES, L.C.

(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:

JOSE S. MACHADO

(Contact Person)

MJM ENTERPRISES, L.C.

(Firm/Company)

1521 SW 58 ST.

(Address)

CAPE CORAL, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE S. MACHADO

(Name of Contact Person)

at (239) 245-3667

(Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

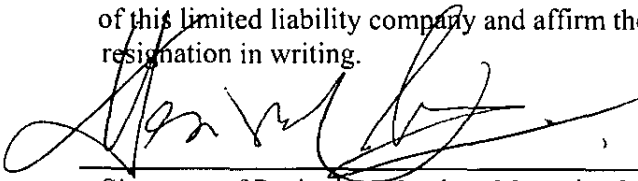
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MJM ENTERPRISES, L.C.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L01000000484

4. I, JERIZ MARKHAM, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


7/16/07
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
07 JUL 18 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA