L0300009109

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		
		·		

Office Use Only



400112263194

11/30/07--01010--015 **25.00

O7 NOV 30 AH II: 21
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TJ MARKETING (Name of Limited	GROUP, LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
SION TESANT	
SION TESONE (Contact Person)	
(Firm/Company)	
5825 Collins AUE LAPT	106)
Minni, FL 33140 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Name of Contact Person)	t (786) 208. 4833 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to to \$\sum \sum \sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



O7 NOV 30 AMII: 24 SECRETARY OF STATE TALLAHASSEE FLORIDA

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 i	t appears on the records of	of the Florida Department
of State is:	J MALLETING	GROUP, LLC	
		,	
2. This limited liab	ility company was organized t	under the laws of:	
FlouDA	(DADE)		
3. The Florida doci	ument/registration number of t	this limited liability com	pany is:
	10009109		,
		·	
4. I, <u>ISAAC</u>	TENA Jame of Person Resigning)	, hereby resign as a	MGR
(Print N	ame of Person Resigning)		(Print Title)
	bility company and affirm the	limited liability company	y has been notified of my
resignation in wr	iting.		
Signature of Resi	gning Member, Managing Me	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Required)		