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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations
SUBJECT: CJ'S CLEA-NING SERVICE LL (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:
Conne or Lance Hludzik (Contact Person)
CJ'S CLOSHING SORVICE LLCO (Firm/Company)
1856 US 14wy 90 W (Address)
Defunak Springs Fl 32433 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

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

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department
2. This limited liabi	lity company was organized under the laws of: pto State Division of Coperation
	ment/registration number of this limited liability company is:
of this limited liab	hereby resign as a Mg. Mb. (Print Title) whereby resign as a Mg. Mb. (Print Title) which is the second of the se
resignation in wri	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)