# LD4000070500

(Req	uestor's Name)	<del></del>
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
WH-	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Exclusive DJ Services LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Leonarda Matos (Name of Person)
Exclusive DJ Serviers LLC (Firm/Company)
13350 New Castle Ave
Spring Hill FL 34604 (City/State and Zip Code)
For further information concerning this matter, please call:
Leonarde Matos at (352) 398-3202 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$
CR2E079 (8/05)  Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Tina M. Woo	<u>n</u>	, hereby r	esign as	Managek (Title)	
of	Exclusive					
		•	Liability Company)		,	
a limi	ted liability company organi	zed under th	ne laws of the St	ate of	Florida	
and at	ffirm that the limited liability	company l	nas been notified	l in writing	of the resignation.	
	(					
	Tu-	- R	e 11/0	r D		
	(Signature of resi	gning mana	ger, managing n	nember or i	member)	

### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)

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SECKLIANTY OF STATE
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