

L04000082187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

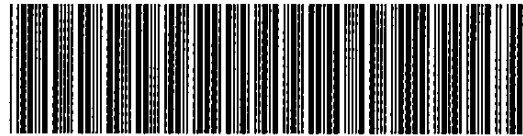
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06 JUL 21 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANAGER RESIGNATION FOR A LIMITED LIABILITY COMPANY

I, CONSTANZA PROFETA, hereby resign as Manager of LJAI, LLC, Document No. L04000082187, a limited liability company organized under the laws of the State of Florida, and affirm that the limited liability company has been notified in writing of the resignation.
Dated this 12 day of June, 2006.


(Signature of resigning Manager)

FILING FEE IS \$25.00

Make Checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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