

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

G: MCLEOD

SEP 11 2012

**EXAMINER** 



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SECRETARY OF STATE ALLAHASSEF, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: M&J DEALS	
	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
JUDITH FINALE	
(Contact Person)	
M&J DEALS LLC	
(Firm/Company)	
6720 TYLER STREET	
(Address)	
HOLLYWOOD FL 33024	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
MICHEL RIZO	<sub>at (</sub> 305 <sub>)</sub> 301-3389
(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	\$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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	s it appears on the records of the Florida Department.
2. This limited liab	lity company was organized	i under the laws of:
3. The Florida docu 	<b>—</b>	f this limited liability company is:
4. I, MICHEL R	IZO	, hereby resign as a MGRM
(Print Name of Person Resigning)		(Print Title)
of this limited liab		ne limited liability company has been notified of my
	72	
Signature of Resi	ghing Member, Managing N	Aember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	12 SEP 10 PM