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SECRETARY OF STATE
ALLAHASSEE, FLORINA

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: A & J We Do It All, LLC	ted Liability Company)		
(Name of Diffi	is that the company)		
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for		
Please return all correspondence concerning t	his matter to:		
James Devey	Ä., ~		
(Contact Person)	MIN MAY 22 SECRETARY LLAHASSE		
(Firm/Company)	SEE, FI		
1310 Manor Dr	Γ (Λ)		
(Address)	TATE ORIDA		
Riviera Beach, FI 33404			
(City/State and Zip Code)			
For further information concerning this matte	r, please call:		
James Devey	at (561) 718-5688		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	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)



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 i	t appears on the records	s of the Florida D	epartment
2. This limited liab	oility company was organized	under the laws of:	SECRET TALLAHA	THUS MAY 22
3. The Florida doc 	ument/registration number of 9260	this limited liability con	npany is: • '🗢	LED:
_{4. I,} James De	vey	, hereby resign as a	Managing N	ember
(Print N	ame of Person Resigning)		(Print Title,	,
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compa	ny has been notif	ied of my
Signature of Res	igning Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			