

# LOG 000053125

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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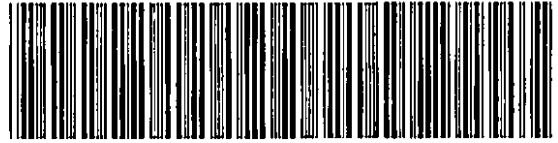
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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04/23/21--01015--019 \*\*25.00

2021 APR 23 AM 2:45  
TALLAHASSEE, FLORIDA



**BENJAMIN D. GRAY**  
*Administrative Assistant*

April 21, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: CSJ FLORIDA, LLC/Statement of Resignation of Registered Agent for a Limited Liability Company.**

Dear Sir or Madam:

Enclosed herewith for filing please find Statement of Resignation of Registered Agent for a Limited Liability Company for the above-referenced Limited Liability Company together with this firm's check in the amount of \$25.00, which check represents payment of the required filing fee.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

Benjamin D. Gray  
Administrative Assistant  
Enclosures (2)  
cc: CSJ Florida, LLC

BY APPOINTMENT ONLY

12751 New Brittany Blvd.  
Suite 402  
Fort Myers, FL 33907  
P: 239-225-7911  
F: 239-221-0279

Suite 240. One Suffolk Square  
1601 Veterans Memorial Hwy  
Islandia, NY 11749  
P: 866-817-4713  
F: 239-221-0279

c/o Richard A. Feldman, Esq.  
80 Main Street, Suite 140  
West Orange, NJ 07052  
P: 866-817-4713  
F: 239-221-0279



# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BARBARA M. PIZZOLATO, PA \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for CSJ FLORIDA, LLC \_\_\_\_\_

Name of Limited Liability Company

L06000053125 \_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

BARBARA M. PIZZOLATO, ESQ. \_\_\_\_\_

Typed or Printed Name

PRESIDENT \_\_\_\_\_

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2021 APR 23 AM 2:45  
TALLAHASSEE, FLORIDA

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