

LOG 000053125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

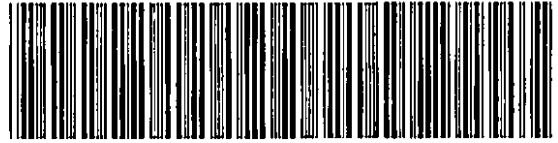
(Business Entity Name)

(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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSJ FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000053125

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA M. PIZZOLATO, ESQ.

Name of Person

BARBARA M. PIZZOLATO, PA

Name of Firm/Company

12751 NEW BRITTANY BLVD., STE 402

Address

FORT MYERS, FL 33907

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA M. PIZZOLATO

239

225-7911

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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