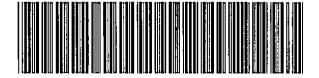
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COVER LETTER

TO: Registration Section	
Division of Corporations	
C&J Properties, L.L.C.	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Cristal Dongilli	
(Contact Person)	
C&J Properties, L.L.C.	
(Firm/Company)	
647 Arnau Dr	
(Address)	
New Smyrna Beach, FL 32168	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Cristal Dongilli	386 314-1171 ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
□ \$25 Filing Fee	i \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability c of State is:	ompany as it appears on the records of the Florida Department
2. The Florida document/registration L06000091103	number assigned to this limited liability company is:
3. The date this member/manager wi	thdrew/resigned or will withdraw/resign is:
4. 1, Jeffrey Dongilli 4. 1, Print Name of Parson Resign	, hereby withdraw/resign as a
MGRM	g)
(Print Title)	·
resignation in writing.	d affirm the limited liability company has been notified of my
Signature of Dissociating Member	020 HA
Filing Fee: \$25.00 (Requi	red)