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•		
(Requestor's Name)		
(Address)		
(Address)		
, (Maioss)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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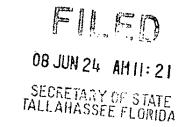


COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	pany)
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
(Contact Person)	4
VJ Management group (Firm/Company)	• ·
9140 Golfside DR #135	
Ocksonville FL 32256 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (Area Code	2014 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$3.	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

\ \ \	imited liability company as it a J Management	ppears on the records of the Florida Department
2. This limited liability	ity company was organized und	der the laws of:
3. The Florida docum	nent/registration number of this	s limited liability company is:
4. I, NISSY Print Nan	Me of Person Resigning)	, hereby resign as a <u>Managing Member</u> (Peint Title)
of this limited liabi resignation in writi		nited liability company has been notified of my
Signature of Resign	DYUS Ding Member, Managing Mem	ber or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	