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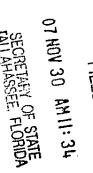
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)
D BICK-HB	☐ WAIT	MAIL
FION-OF	L **^	I MINNE
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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"BR Thomas : PROVE -0248AH

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CJR1 LLC (Name of Limited Liability Company)	_
The enclosed member, managing member or manager resignation and fee(s) are submitt filing.	ed for
Please return all correspondence concerning this matter to: Christ Robison (Contact Person)	TALLAHASS
Compass Rental Management (Firm/Company) 5901 Sun BlVd, #105	500
St. Petersburg, FL 33715 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Christy Robison at (727) 864.5624 (Name of Contact Person) (Area Code & Daytime Telephone Number	<u> </u>
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limite of State is:	TR 1, LLC	pears on the records of the F	lorida Department
2. This limited liability c	ompany was organized unde	er the laws of:	THON 30 AT
3. The Florida document	registration number of this	limited liability company is:	AH II: 34 SEE. FLORIDA
4. 1, Christy (Print Name of	Person Resigning)	hereby resign as a Mana	gging Member Rulm Title)
of this limited liability resignation in writing.	company and affirm the limi	ted liability company has be	een notified of my
Chusty Signature of Resigning	Russe- Member, Managing Member	er or Manager	
Filing Fee: \$2 Certified Copy: \$3	5.00 (Required) 0.00 (Optional)		