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	(Requestor's Name)
,	(ixequesions ivame)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
·	(, ,
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Special Instructions	to Filing Officer:
	A. LUNT

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CJ EVENTS, L (Name of Limited I	LC Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
JAMES M. BEDUAR (Contact Person)	
N/A (Firm/Company)	
1705 N.E. 137 th Terra	ZIOR APR SECRET TALLAHA
North Miami, FLORTDA (City/State and Zip Code)	ECRETARY OF STATE CHARGE CALL.
For further information concerning this matter, p	lease call:
SAMES M, BEDWAR at (Name of Contact Person)	(305) 588-5394 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

_	limited liability compar	ny as it appears on the re	cords of the Flor	ida Department
2. This limited liabi	lity company was orga		SECRETARY OF TALLAHASSEE, F	FILED
3. The Florida docu	ment/registration numb つ10しな28	per of this limited liability	y company ST	8 03
·	ame of Person Resigning)	, hereby resign	(Prin	nt Title)
resignation in wri	ting.	m the limited liability co		notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

Certified Copy:

\$30.00 (Optional)