## L080000020316

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT

MAR 1 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

010 FEB 26 PM 4:0

## **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: C&J PAINTING & CARPENTRY SERVICES, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MOLINA, DESDEMORA (Contact Person) C&J PAINTING & CARPENTRY SERVICES, LLC (Firm/Company) 13220 SW 58 TERRACE BLD. 16 SUITE 4 (Address) MIAMI, FL 33183 (City/State and Zip Code) For further information concerning this matter, please call: at ( 305 ) 7819628 (Area Code & Daytime Telephone Number) MOLINA, DESDEMORA (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ✓ \$55 Filing Fee & \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a PAINTING & CARPEN			ida Dep	artment	
2. This limited liabiling FLORIDA	ty company was organized un	der the laws of:		SECRETAR TALLAHASS	2010 FEB 26	
3. The Florida docum	nent/registration number of thi	s limited liability con 	ıpany is:	Y OF STATE SEE, FLORIDA	5 PM 4: 04	֖֡֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֓֓֓֝֝֝֡֓֓֓֓֡֝
4. I. VELASCO	BEDA M.	_, hereby resign as a	OWNER	₹		
7	ne of Person Resigning)	<u> </u>	(Prin	ıt Title)		
of this limited liabi resignation in writi	lity company and affirm the ling.	nited liability compar	ıy has been	notified	l of my	
Signature of Resig	ning Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					