| (R | Requestor's Name) |
|-------------------------|-------------------------|
| • | |
| (A | ddress) |
| | |
| (A | ddress) |
| | |
| (0 | City/State/Zip/Phone #) |
| | |
| PICK-UP | ☐ WAIT ☐ MAIL |
| | |
| /B | Business Entity Name) |
| (1) | damesa Endry Name, |
| | |
| (L | Pocument Number) |
| | |
| Certified Copies | Certificates of Status |
| | |
| Special Instructions to | o Filing Officer: |
| į. | A . |
| | A. LUNT MAR - 5 2000 |
| | MAD |
| | "'''Π ~ 5 2000 |

Office Use Only

EXAMINER



100138740771

12/12/08--01018--004 **35.00

TILED

2009 MAR -4 PM 4: 13

SECRETARY DE STATE
ALLAHASSEF ESTATE



December 15, 2008

JULIO W. HOLNESS 21 SPRING MEADOWS DR. ORMOND BEACH, FL 32174

SUBJECT: JCJ CONSULTING GROUP, "LLC"

Ref. Number: L08000020408

We have received your document for JCJ CONSULTING GROUP, "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 908A00060365

Agnes Lunt Regulatory Specialist II

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: JCJ Consulting (Name of Limited Lia | Exoup, "LLC" bility Company) |
| The enclosed member, managing member or managiling. | ger resignation and fee(s) are submitted for |
| Please return all correspondence concerning this m | atter to: |
| Julio W. Holwess (Contact Person) | Z009 HAR |
| JCJ Consulting Enoup, LLC | SSN + F |
| 21 Spring Measons Dr. (Address) | |
| ORMOND BEACH FL 32. (City/State and Zip Code) | 124 |
| For further information concerning this matter, ple | ase call: |
| (Name of Contact Person) (Name of Contact Person) | rea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the last state of the | 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

| 1. The name of the lir of State is: | nited liability company as it a CT Consulting GR | ppears on the records | of the Florid | a Depart | 3 |
|-----------------------------------------------|-----------------------------------------------------|-------------------------|---------------|---------------|-----------------|
| 2. This limited liabilit | y company was organized und of Flouida | | | REJARY OF STA | HAR -4 PH 4: 13 |
| _ | ent/registration number of this | s limited liability com | ıpany is: | AGE | 13 |
| 4.1. Julio W | 1. Holwess e of Person Resigning) | _, hereby resign as a | MANA 9 | ER Title) | _ |
| of this limited liabil resignation in writing | ity company and affirm the ling. | nited liability compar | ıy has been n | otified c | of my |
| Aulish Signature of Resign | ing Member, Managing Mem | her or Manager | | | |
| • | | oer of Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |
| | | | | | |

CR2E079 (5/06)