108000071301

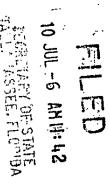
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300182314793

07/06/10--01008--017 **25.00



D. BRUCE.
JUL 07 2010.
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LLJ Services, "LLC"	Liability Company)
(watte of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Jonathan H. Rosenthal, Esquire	
(Contact Person)	
Malman, Malman & Rosenthal	JUL -6 AM M
(Firm/Company)	Fig A C
3107 Stirling Road, Suite 101	O JUL -6 AN N: 42
Fort Lauderdale, Florida 33312-850	00
For further information concerning this matter, p	please call:
Jonathan H. Rosenthal at (Name of Contact Person)	(Marea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Services, "LLC"	it appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu 	nment/registration number of 301	Tthis limited liability cor	npany is:
4. I, Lawrence	E. Gordon ame of Person Resigning)	, hereby resign as a	Manager and Member (Print Title)
of this limited lial resignation in wr	oility company and affirm th	e limited liability compa	ny has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager	10 10
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		M 9-15