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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2010 APR -9 MILL 29
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE APR 1 2 2010 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: A & J Residential Services, LLC (Name of Limited Liability Co | mpany) |
| The enclosed member, managing member or manager resifiling. | gnation and fee(s) are submitted for |
| Please return all correspondence concerning this matter to | : |
| Allan Miller | _ |
| (Contact Person) | |
| A & J Residential Services, LLC | _ ~ ~ |
| (Firm/Company) | ALL SEC |
| 3108 Santa Barbara Blvd. Ste 105-403 | 2010 APR -9 AH 11: 29 SECRETARY OF STATE TALL AHASSEE, FLORID |
| (Address) | SEE SEE |
| Cape Coral FL 33914 | FLOT |
| (City/State and Zip Code) | 29 JRID |
| For further information concerning this matter, please call | . ' 'D' |
| Allan Miller at (239 | 340-3307 |
| (Name of Contact Person) (Area Cod | e & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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

| 1. The name of the limited liability company as it ap of State is: A & J Residential Services, | • | of the Florida I | Departme | nt |
|--|-------------------------|------------------|-------------|--------|
| 2. This limited liability company was organized und Florida | ler the laws of: | SECRI TALL AI | 2010 APR -9 | |
| 3. The Florida document/registration number of this | _• | in C | | |
| _{4. I,} Jillian Miller | _, hereby resign as a _ | MGRM 울 | 1: 2 | _ |
| (Print Name of Person Resigning) | | (Print Hil | le) | |
| of this limited liability company and affirm the lin resignation in writing. | nited liability compan | y has been noti | ified of m | ıy |
| Signature of Resigning Member, Managing Member | ber or Manager | | | |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | | | | |

CR2E079 (5/06)