## 129000022559

| (Requestor's Name)                      |                    |                 |  |  |
|---|--------------------|-----------------|--|--|
| (Address)                               |                    |                 |  |  |
| (Address)                               |                    |                 |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>=</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |
| (Bu                                     | siness Entity Nan  | ne)             |  |  |
| (Document Number)                       |                    |                 |  |  |
| Certified Copies                        | _ Certificates     | of Status       |  |  |
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EXAMINER



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SECRETARY OF STATE
PALLAHASSEE, FIRMING

## **COVER LETTER**

| Division of Corporations   |   |
|--|---|
| SUBJECT: LJSC, LLC   |   |
| (Name of Limited Liability   | Company)  |
| The enclosed member, managing member or manager refiling.  | esignation and fee(s) are submitted for   |
| Please return all correspondence concerning this matter  | to:   |
| Luis Perez   | <u> </u>  |
| (Contact Person)   |   |
| LJSC, LLC  |   |
| (Firm/Company)   |   |
| 3300 West'84th Street  |   |
| (Address)  | District of Corporations<br>P.C. Be (1832)  |
| Hialeah, FL 33018  | Landan in M. Southor<br>Birthia in Chambradage  |
| (City/State and Zip Code)  |   |
| For further information concerning this matter, please concerning the concerning this matter concerning the concern | · 控制 数据 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十   |
| Luis Perez   | 231-7102  |
| (Name of Contact Person) (Area Co  | ode & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florid  \$25 Filing Fee   | la 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

|  |                              | s it appears on the records of | the Florida Department  |
|--|------------------------------|--------------------------------|-------------------------|
| of State is: LJS                         | SC, LLC                      | ·                              | ·                       |
|  |                              |                                |                         |
| 2. This limited liab                     | oility company was organized | d under the laws of:           |                         |
| Florida                                  |                              | •                              |                         |
|  |                              |                                |                         |
| 3. The Florida doc<br>                   | _                            | f this limited liability compa | ny is:                  |
| <sub>4. I.</sub> Javier Per              | ez                           | M                              | GRM                     |
| (Print Name of Person Resigning)         |                              | , hereby resign as a M         | (Print Title)           |
| of this limited lia<br>resignation in wr |                              | e limited liability company l  | nas been notified of my |
| S.                                       |                              |                                |                         |
| Signature of Res                         | gning Member, Managing N     | Member or Manager              | · .                     |
| ľ  |                              |                                | SE SE                   |
| Filing Fee:                              | \$25.00 (Required)           |                                | CR AH                   |
| Certified Copy:                          | \$30.00 (Required)           |                                | B-I                     |
|  |                              |                                | m - w [                 |