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(Red	uestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)	 			
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:				
Special instructions to r	iling Officer.				

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G. MCLEOD

JUN 27 2011

EXAMINER



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SLCHE BAY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: M.P.J. Industries LLC	
	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Oliver V. Smith III	
(Contact Person)	
M.P.J. Industries LLC	
(Firm/Company)	
4480 Shawnee Pl	
(Address)	
Cocoa, FL 32926	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Oliver V. Smith III	at (321) 271 1963
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:
\$25 Filing Fee	\$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 32314
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 of State is: M.F	limited liability company as P.J. Industries LLC	it appears on the record	s of the Florida	Departn	nent
2. This limited liab Florida	ility company was organized	under the laws of:			
3. The Florida docu L1000012 9	ment/registration number of	this limited liability cor	mpany is:		
4. I, Kara Lynn Smith (Print Name of Person Resigning)		, hereby resign as a	President/	Manag	<u>jer</u>
`	pility company and affirm the	e limited liability compa	•	•	my
hara d	L Smith				
Signature of Resi	gning Member, Managing M	lember or Manager	ALA		- 2 401 grá
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HASSEE, FL	JUN 24 PM	