L10000131291

| (Requestor's Name) | | | | |
|---|------------------|------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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| | | | | |

Office Use Only



600212277016

09/21/11--01010--008 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| ## | |
| SUBJECT: JLJ Processing LLC | |
| (Name of Limited | l Liability Company) |
| The enclosed member, managing member or m filing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | s matter to: |
| Jennifer Sirmans | |
| (Contact Person) | |
| | |
| (Firm/Company) | <u> </u> |
| Control of the Company | |
| 9492 Baritone Ct | |
| (Address) | |
| | |
| Boca Raton, FL 33496 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | please call: |
| | F64 006 4460 |
| | 306-1163 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to t | he 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 32301 | Tallahassee, Florida 32314 |
| ranamasses, Frontac 34301 | |

CR2E079 (5/06)



FILED

11 SEP 21 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 it Processing LLC | appears on the records | s of the Florida Department |
|----------------------------------|--|---------------------------|-----------------------------|
| 2. This limited liab | ility company was organized u | under the laws of: | |
| 3. The Florida docu L10000131 | ument/registration number of t | his limited liability con | npany is: |
| 4. I, Jennifer S | irmans | , hereby resign as a | MGRM |
| (Print N | ame of Person Resigning) | | (Print Title) |
| resignation in wr | bility company and affirm the iting. My Surface Company and affirm the iting. My Surface Company and affirm the affirm the affirm the iting. | | ny has been notified of my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |