

L11 0000 36610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

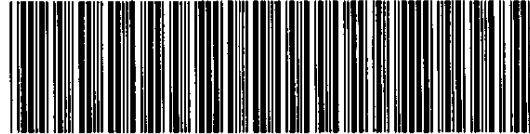
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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JUL 07 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CFJP INVESTMENTS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000036610

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTINA RIVERA

Name of Person

SAFETY BUSINESS LLC

Name of Firm/Company

6220 S ORANGE BLOSSOM TRAIL 600

Address

ORLANDO FL 32809

City/State and Zip Code

CRISTINA@SAFETYTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA RIVERA

Name of Person

at ( 407 )

Area Code

888-4747

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**SAFETY BUSINESS LLC**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **CFJP INVESTMENTS LLC**

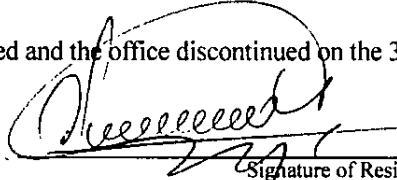
\_\_\_\_\_  
Name of Limited Liability Company

**L11000036610**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**CLAUDIA ROJAS**

\_\_\_\_\_  
Typed or Printed Name

**AMGR**

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT -6 P 12:15

FILED

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**