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#### **COVER LETTER**

Registration Section TO: Division of Corporations HOJOJR ENTERPRISES LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JOSEPH R PURSELL, SR. (Contact Person) HOJOJR ENTERPRISES LLC (Firm/Company) 714 E MAPLE STREET (Address) ARCADIA, FL 34266 (City/State and Zip Code) For further information concerning this matter, please call: 990-0645 JOSEPH R PURSELL, SR 863 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy S25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

CR2E079 (2/14)

Tallahassee, Florida 32301



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### FILED

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SECRETARY OF STATE TALLAHASSEE, FL

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	s it appears on the records of the Florida Department
2. The Florida docu	ment/registration number a	assigned to this limited liability company is:
L11000040280	)	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4 MARY P JEN	ININGS	, hereby withdraw/resign as a
(Print N	ime of Person Resigning)	
MGRM		
<del></del>	Print Title)	
resignation in wri	ting.	the limited liability company has been notified of my
Signature of Di	ssociating Member or Resi	ghing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	Notary Public State of Florida Patrick C Simmons My Commission GG 149384 Expires 10/08/2021
CR2E079 (2/14)		Jat Sima