L110000 50790

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

TO:	_	stration Section ion of Corporations			
SUBJI	ECT:	ENTERPRISES OF CNJ. LLC (Name of	Limited L	iability Com	ppany)
The en	closed	l member, resignation or dis	sociation	and fee(s) are submitted for filing.
Please	return	all correspondence concern	ing this i	matter to:	
CHRIS'	ТОРНЕ	ER JOYNER, JR			
		(Contact Person)			•
	305	(Firm/Company) Knowles Pit Rd (Address) Carl Springs			-
Gr	een	Cove Springs (City/State and Zip Code)	32	043	-
For fu	rther i	nformation concerning this r	natter, pl	lease call:	
CHRIS	ТОРНЕ	ER JOYNER, JR	at (386	365-0414
	(N	lame of Contact Person)			& Daytime Telephone Number)
Enclos □ \$25	-	ease find a check made payal g Fee			Department of State for: § Fee & Certified Copy
	Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassec, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records	of the Florida Department
2. The Florida docu L11000050790	ument/registration number a	ssigned to this limited lial	bility company is: 3-01-13
ALINIATA BLUE	mber/manager withdrew/res JOYNER, JR Jame of Person Resigning)		esign is:
MGR	(Print Title)		
of this limited liabresignation in wr	bility company and affirm the	he limited liability compa	ny has been notified of my
Ü	ssociating Member or Resignments S25.00 (Required) \$30.00 (Optional)	gning Manager	10 H