

L110000091673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

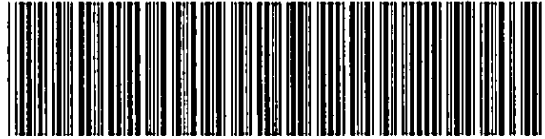
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800399107758

FILED

FILED

2022 FTS 19 PM 2:17

FILED

A. RIVERS

MAR - 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accounting with CJ, LLC
(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:

Rowena Crissey
(Contact Person)

Accounting with CJ, LLC
(Firm Company)

PO Box 1848
(Address)

Destin/Fl. 32540
(City/State and Zip Code)

For further information concerning this matter, please call:

Rowena Crissey at (850) 200-4451
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Accounting with CJ, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L11000091673

3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 31, 2022

4. I, Gale F Jones, hereby withdraw/resign as a

(Print Name of Person Resigning)

President

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Gale F Jones

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)