L12000005675

| (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



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09/24/12--01017--014 **35.00

12 OCT 15 PH 4: 13

OCT 1 6 2012 T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: L & J GOFF L (Name of Limited Lie | LC ability Company) |
| The enclosed member, managing member or mana filing. | ger resignation and fee(s) are submitted fo |
| Please return all correspondence concerning this n | natter to: |
| MHERLEDY S GOFF (Contact Person) | |
| (Contact Person) L & J GOFF LLC (Firm/Company) | |
| 2715 RAMSEY DK. (Address) | . <u> </u> |
| APOPKA, FL 32703 (City/State and Zip Code) | |
| For further information concerning this matter, ple | ease call: |
| MHRUDY S GOFF at (| 407 949 - 1432 rea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)



RECEIVED

12 OCT 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 26, 2012

MHERLEDY GOFF 2715 RAMSEY DR APOPKA, FL 32703

SUBJECT: L & J GOFF LLC Ref. Number: L12000005675

We have received your document for L & J GOFF LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00024022



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | imited liability company as - & J GOFF | | of the Florida De | partment |
|--|---|------------------------------|---------------------------|---------------------------|
| 2. This limited liabil FLORIDA | ity company was organized | d under the laws of: | | |
| 3. The Florida docum | nent/registration number o | f this limited liability com | pany is: | |
| 4.1, JUSEPH (Prini Na | A COFF me of Person Resigning) | , hereby resign as a _ | MANHGETS (Print Title) | MEMBER |
| of this limited liab resignation in writ | ility company and affirm th | ne limited liability compan | | |
| Filing Fee: Certified Copy: | ` • <i>'</i> | | | SECR DIVISION 12 OC |

CR2E079 (5/06)