

L/2000023303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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

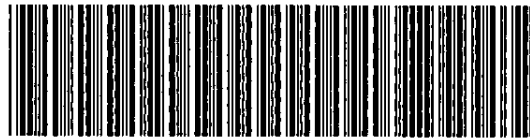
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHRIS NJAY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000023303

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:

Alan R Beckman  
Name of Person

CHRIS NJAY LLC  
Name of Firm/Company

7027 W. Broward Blvd #294  
Address

Plantation, FL 33317  
City/State and Zip Code

becky49491@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan R Beckman at (954) 298-2664  
Name of Person Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

FILED  
2013 APR 12 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alan R Beckman, hereby resigns as  
Name of Registered Agent

Registered Agent for CHRIS NJAY LLC.  
Name of Limited Liability Company

L12000023303  
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.

Alan Beckman  
Signature of Resigning Agent

If signing on behalf of an entity:

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

FILED  
2013 AUG 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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