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B. KOHR

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EXAMINER

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __ETJ Financial Services LLC__
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

__Erin T. Josephson__
(Contact Person)

__ETJ Financial Services LLC__
(Firm/Company)

__22191 Powerline Rd. Suite 12B__
(Address)

__Boca Raton, FL 33433__
(City/State and Zip Code)

For further information concerning this matter, please call:

__Erin Josephson__ at (__561__) __750 - 7808__
(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

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **ETJ Financial Services LLC** .

2. This limited liability company was organized under the laws of:
the state of Florida .

3. The Florida document/registration number of this limited liability company is:
L12000089181 .

4. I, **Lee R. Josephson** , hereby resign as a **managing member**
 (Print Name of Person Resigning) *(Print Title)*

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)