112000138467

(Re	questor's Name)					
(Ad	dress)	<u>.</u>				
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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D. SCOTT OCT 11 2016

COVER LETTER

Division of Corporations				
SUBJECT: LPJ Group LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to:			
JOSEPH FEBIN (Contact Person)				
(Firm/Company)				
854 ARBORMOOR PLAC	<u>CG.</u>			
854 ARBORMOOR PLACE (Address) LAKEMARY FL 3c (City/State and Zip Code)	2746			
For further information concerning this matter, plea	ise call:			
Febin Joseph at (Ar	rea Code & Daytime Telephone Number) lorida Department of State for: 5 Filing Fee & Certified Copy			
Enclosed please find a check made payable to the F □ \$25 Filing Fee □ \$5	lorida Department of State for:			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 l	imited liability company as it	appears on the	e records of the	: Florida Department
of State is: L.P	J GROUP LLC		·	
2. The Florida docu	ment/registration number assi	igned to this l	imited liability o	company is:
L1200013	38467	_ EIN	NO. 46-1	302620
3. The date this men	nber/manager withdrew/resig	ned or will wi	thdraw/resign i	s: 10-3-2016
4.1, JOSEP	PH FEBIN me of Person Resigning)			
	Print Title)			
of this limited liab resignation in writ	ility company and affirm the ing.	limited liabili	ty company has	been notified of my
Jolin Jo	Sociating Member or Resigni	ng Manager		<u>⊼</u> ≅ ਛ ੇ
		ng wanager		DOT - CARAM
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			